

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 494625

1. Entity Name

CUHILL, INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90133 021 \*\*\*158.75

Principal Place of Business

Mailing Address

HWY 64 E  
P.O. BOX 841  
COOPER HILL TN 37317  
US

16872 ROYAL CREST  
HOUSTON TX 77058-2529  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1687960

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ENSIO, MARK  
531 BAY DR  
VERO BEACH FL 32963

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **ENSIO, MARK A**  
STREET ADDRESS **16872 ROYAL CREST**  
CITY-ST-ZIP **HOUSTON TX 77058**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **ENSIO, PAAVO**  
STREET ADDRESS **16872 ROYAL CREST**  
CITY-ST-ZIP **HOUSTON TX 77058**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **ENSIO, MARK**  
STREET ADDRESS **531 BAY DRIVE**  
CITY-ST-ZIP **VERO BEACH FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **WILSON, MIKE**  
STREET ADDRESS **3027 MARINA BAY DR FM 2094**  
CITY-ST-ZIP **LEAGUE CITY TX 22573**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **HUGH, GORMAN**  
STREET ADDRESS **16872 ROYAL CREST**  
CITY-ST-ZIP **HOUSTON TX 77058**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-7-00

281-334-5400

CR2E034 (9/99)