

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90004 035 ***150.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

2000
UNIFORM
BUSINESS REPORT

DOCUMENT # 547470

1. Corporation Name
ROBERT E. HUEBNER, P.A.

Principal Place of Business
1417 SE 4TH ST
FORT LAUDERDALE FL 33301
US

Mailing Address
P.O. BOX 2468
FORT LAUDERDALE FL 33303-2468
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/01/1977

4. FEI Number
59-1766245

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **1401 E. Broward Blvd.**

Suite, Apt. #, etc.

22 **Suite 300**

City & State

23 **Fort Lauderdale, FL**

Zip Country

24 **33301** 25 **USA**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

HUEBNER, ROBERT E.
1417 SE 4TH ST
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1401 E. Broward Blvd.
83 Suite 300
84 City **Fort Lauderdale** **FL** 85 Zip Code **33301**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HUEBNER, ROBERT E.	
STREET ADDRESS	1417 SE 4TH ST	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
1.2 NAME	
1.3 STREET ADDRESS	1401 E. Broward Blvd. #300
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 a partner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or other attachment with an address, with all other like empowered.

SIGNATURE:

Robert E. Huebner, Pres.

Robert E. Huebner, Pres.

5/11/2000

Date

9547524-3044