954 7552408

## 2002 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

DOCUMENT # 653361  1. Entity Name HUGINS CONSTRUCTION CORP.					Secretary of State 01-16-2002 90266 010 ***158.75			
Principal Place of Business 2920 NW 107TH AVE CORAL SPRINGS FL 33065		Mailing Address PO BOX 8721 CORAL SPRINGS FL 33075				1811 BIBLI SIBJI BIBLI	gigii gigi: (GB) .	
	anama.							
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number <b>59-1963383</b>		oplied For	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current Re	gistered Agent		7. !	Name and Address of New Registers	Fee Require	đ	
	ANOMATIC B		Name-					
HUGINS, MICHAEL R 2920 NW 107 AVE.			Street A	Street Address (P.O. Box Number is Not Acceptable)				
CURAL S	SPRINGS FL 33065	City			F	<b>Zip Code</b>	e	
	named entity submits this statement for the					Zip Code		
Tax filing r	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!	I! FEE IS \$150.  2 Fee will be \$5  3 to Department	00 50.00	DA1  10. Election Campaign Financing Trust Fund Contribution.	\$5.0	May Be	
11.	OFFICERS AND DIE		12.		LODITIONS/CHANGES TO OFFICERS A	AND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD HUGINS, MICHAEL R 2920 NW 107 AVE. CORAL SPRINGS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	-		☐ Change	☐ Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	: TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
FITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THTLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
13. I hereby of indicated	certify that the information supplied with this on this report or supplemental report is truporation or the receiver or trustee empower or on an attachment with anyaddress, with	e and accurate and that m	the exemption stat	eve the same	legal effect as if made under oath: tha	t Lamian officer	or director	