

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 680869

1. Entity Name

HUBBARD & HUBBARD, CERTIFIED PUBLIC ACCOUNTANTS,

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90166 001 \*\*\*150.00

Principal Place of Business

5701 MAIN STREET  
C/O CONRAD E. HUBBARD  
NEW PORT RICHEY FL 34652

Mailing Address

5701 MAIN STREET  
C/O CONRAD E. HUBBARD  
NEW PORT RICHEY FL 34652-2635

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2029565

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

HUBBARD, CONRAD E.  
5701 MAIN STREET  
NEW PORT RICHEY FL 33552

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

TITLE	S	<input type="checkbox"/> Delete
NAME	HUBBARD, CHLO G	
STREET ADDRESS	5627 TENNESSEE AVENUE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HUBBARD, CONRAD E	
STREET ADDRESS	5627 TENNESSEE AVENUE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HUBBARD, CRAIG W	
STREET ADDRESS	14100 N 46TH STREET, UNIT 101	
CITY-ST-ZIP	TAMPA FL	
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

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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: Conrad E. Hubbard  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Conrad E. Hubbard

Date

4/28/00

Daytime Phone #

727-848-8263

CR2E034 (9/99)