

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 848408

1. Entity Name

HUBBARD TELEPHONE CONTRACTORS, INC.

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90046 001 \*\*\*150.00

|  |   |
|--|---|
| Principal Place of Business<br>118 WILLOW ST<br>P O BOX 659<br>MURPHY NC 28906 | Mailing Address<br>118 WILLOW ST<br>P O BOX 659<br>MURPHY NC 28906-0659 |
|--|---|



DO NOT WRITE IN THIS SPACE

|  |  |         |         |
|--|--|---------|---------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip | Country | Country |
|--|--|---------|---------|

4. FEI Number **56-1246918** | Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HUBBARD, DEXTER D  
1404 S. OREGON CIRCLE  
TAMPA FL 33612

7. Name and Address of New Registered Agent

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]* *[Signature]* DATE *1/20/00*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>HUBBARD, JAMES D., SR.<br>118 WILLOW STREET<br>MURPHY NC | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>HUBBARD, JAMES D., JR.<br>118 WILLOW ST<br>MURPHY NC     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>HUBBARD, CORA SUE<br>118 WILLOW STREET<br>MURPHY NC     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>JOHNSON, ELIZABETH ANN<br>118 WILLOW STREET<br>MURPHY NC | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HUBBARD, DEXTER D.<br>2860 HWY 39<br>ZEPHYRHILLS FL       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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]* *[Signature]* DATE *1/20/00* 8288375148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR