## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # 850453** Apr 06, 2000 8:00 am Secretary of State ARMSTRONG-HUNT, INC. 04-06-2000 90031 033 \*\*\*150.00 Mailing Address Principal Place of Business 8100 ARMSTRONG ROAD 8100 ARMSTRONG ROAD MILTON FL 32583 MILTON FL 32583-8712 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 38-2282032 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required.... 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHOUPPE, GREGORY A Street Address (P.O. Box Number is Not Acceptable) 233 QUEEN STREET MILTON FL 32570 Zip Code City FI 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition CR2E034 (9/99 τιτι Ε TITLE ☐ Delete O'DELL, LAWRENCE R. NAME NAME STREET ADDRESS STREET ADDRESS 8100 ARMSTRONG ROAD CITY-ST-ZIP CITY-ST-ZIP MILTON FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE BLOSS, DOUGLAS V. NAME NAME STREET ADDRESS 2081 SE OCEAN BLVD., 4TH FLR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP STUART FL Change ☐ Addition TITLE ☐ Delete GIBSON, STEPHEN P. NAME NAME STREET ADDRESS STREET ADDRESS 2081 SE OCEAN BLVD, 4TH FLOOR CITY-ST-ZIF CITY-ST-ZIP STUART FL Addition Change ☐ Delete TITLE TITLE SHOUPPE, GREGORY A. NAME STREET ADDRESS STREET ADDRESS 233 QUEEN STREET CITY-ST-ZIP CITY-ST-ZIP MILTON FL ☐ Addition ☐ Delete TITI F Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATIONE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-00

850-626-0051

Daytime Phone #