

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006989

1. Entity Name

HUBER ENGINEERING COMPANY, INC.

*Huber Engineering Company, Inc.*

Principal Place of Business

415 EAST WASHINGTON STREET  
THOMASVILLE GA 31792

Mailing Address

415 EAST WASHINGTON STREET  
THOMASVILLE GA 31792

2. Principal Place of Business

*Huber - 415 E. Washington St.  
Suite, Apt. #, etc.  
Thomasville, Ga*

3. Mailing Address

*P.O. Box 1916  
Suite, Apt. #, etc.*

City & State

City & State

*Thomasville, Georgia*

Zip *31792*

Country

Zip *31799*

Country

4. FEI Number

*58-2250003*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LINDSEY, WM. SCOTT  
1407 PIEDMONT DRIVE EAST  
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

*Wm Scott Lindsey*

(NOTE: Registered Agent signature required when reinstating)

*10-11-01*

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 \$550.00

After September 12, 2001 Fee will be \$750.00  
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 *PCD - Chief Executive Officer* ☐ Delete  
NAME HUBER, ANTON III  
STREET ADDRESS 415 EAST WASHINGTON STREET  
CITY-ST-ZIP THOMASVILLE GA 31792

TITLE *ST* ☒ Delete  
NAME HUBER, MARYBETH M  
STREET ADDRESS 415 EAST WASHINGTON STREET  
CITY-ST-ZIP THOMASVILLE GA 31792

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *Chief Financial Officer* ☐ Change ☒ Addition  
NAME *Tracey L. Bennett*  
STREET ADDRESS *415 E Washington St.*  
CITY-ST-ZIP *Thomasville, Ga 31792*

TITLE *Secretary* ☒ Change ☐ Addition  
NAME *Mike K. Dunaway*  
STREET ADDRESS *415 E Washington Street*  
CITY-ST-ZIP *Thomasville, Ga 31792*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Wm Scott Lindsey*

*1-6-01*

*229-226-5999*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Phone #

0133687 AT

FILED

01 OCT 15 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

REINSTATEMENT 2001

CR2E034 (5/01)