

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # F02000000763

1. Entity Name
HUGHES SUPPLY MANAGEMENT SERVICES, INC.



FILED

03 JAN 21 PM 3:26

Principal Place of Business
20 NORTH ORANGE AVENUE, SUITE 200
ORLANDO FL 32801

Mailing Address
20 NORTH ORANGE AVENUE, SUITE 200
ORLANDO FL 32801



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 52-2103612
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HUGHES, DAVID H 20 NORTH ORANGE AVENUE, SUITE 200 ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORGAN, THOMAS I 20 NORTH ORANGE AVENUE, SUITE 200 ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO ZEPF, J. STEPHEN 20 NORTH ORANGE AVENUE, SUITE 200 ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUTTERFIELD, BENJAMIN P 20 NORTH ORANGE AVENUE, SUITE 200 ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT CLARK, JACQUEL K 20 NORTH ORANGE AVENUE, SUITE 200 ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEPF, J. STEPHEN 20 NORTH ORANGE AVENUE, SUITE 200 ORLANDO FL 32801	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200010380802	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Benjamin P. Butterfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Benjamin P. Butterfield 1/13/03
Secretary and General Counsel 407-844-4755
Daytime Phone #

CR2E034 (10/02)

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Hughes Supply Management Services, Inc.

Directors:

David H. Hughes
Thomas Morgan
J. Stephen Zepf

Officers:

Chairman
President
Secretary
Treasurer
Assistant Secretary
Assistant Secretary
Assistant Treasurer

David H. Hughes
Thomas Morgan
Benjamin P. Butterfield
J. Stephen Zepf
Jay Clark
Mark D. Scimeca
Jay Clark

Address for all officers and directors:

20 North Orange Avenue
Suite 200
Orlando, FL 32801



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ACCOUNT NO. : 072100000032

REFERENCE : 899318 7107686

AUTHORIZATION :

Patricia Pignato

COST LIMIT : \$ 150.00

ORDER DATE : January 20, 2003

ORDER TIME : 3:48 PM

ORDER NO. : 899318-035

CUSTOMER NO: 7107686

CUSTOMER: Laurie Bergstresser, Paralegal
Hughes Supply, Inc.
Suite 200
20 North Orange Avenue
Orlando, FL 32801

RESUBMIT
Please give original
submission date as file date.

ANNUAL REPORT FILING

NAME: HUGHES SUPPLY MANAGEMENT
SERVICES, INC.

RECEIVED
03 JAN 21 AM 8 47
DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 1114

EXAMINER'S INITIALS: _____

RECEIVED
03 JAN 22 PM 12 00
DIVISION OF CORPORATION