Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000092120 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

Prom:

Account Name : SHUFFIELD LOWMAN

Account Number : I20030000118 Phone : (407)581-9800 : (407)581-9801

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION HUB CITY P.B.E. INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,470.00

Electronic Filing Menu

Corporate Filing Menu

Help

T. Burch, APR 22 2010

https://efile.sunbiz.org/scripts/efilcovr.exe

4/21/2010 11:35:36 AM

÷

•			Business in	FLORID.	1	2810	
	IN (COMPLIANCE WIT	H SECTION 607.1503, PLORIDA	STATUTE	S, THE FOLLOWING IS SUBMITTED TO	10 APR	
	RE	BOISTER A POREIGN CORPORATION TO TRANSACT BUSINESS IN THE SATE OF PLORIDA.					
	1.	HUB CITY P.B.I	P. INC.		·	2	
	••	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Times," "Co.," "Corp." "Times," "Co.," "Co.," "Corp." "Times," "Co.," "Co.,					
		Inc," "Co," or "Corp.")				2	
					97	ť	
		(If name is unavailab	le in Florida, enter alternate corporate na	ane adopted	for the purpose of transacting business in Florida)	42	
	2.	Tenne	8900	3.	62-1399417	. •	
			er the law of which it is incorporated)		(PBI number, if applicable)		
	4.	Inne I	3, 1988	5	Perpetual		
	7,	(Date of incorpor			on: Year corp. will cease to exist or "perpetual")		
			·				
	6,	Augus	Angust 10, 2001				
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, Plorida Statutes, to determine penalty liability)				nalty liability)			
		·			•		
	7.	344 S. Royal Street, Jackson, TN 3B301					
			(Principal office address)				
		344 S.	Royal Street, Jackson, TN 3830	1			
			(Current mailing address)				
	8.	Any and all lawful business					
		(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)					
	9.	9. Name and street address of Florida registered agent: (P.C. Box NOT acceptable)					
		Name:	William R. Lowman, Jr.				
		Office Address:	Shuffield, Lowman & Wilson,	P.A.			
			1000 Legion Place, Suite 1700				
			Orlando, FL 32801				
	10.	Registered agent's	s acceptance:				
		Having been named as registered agent and to accept service of process for the above-stated corporation					
		at the place designated in this application, I hereby accept the appointment as registered agent and					
		agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the					
		proper and complete performance of my duties, and I am familiar with and accept the obligations of y position as Registered Agent.					
		position upprograming in region.					
		h V / X p / L V					
		William R. Lown	ark, Jr.				

(((H10000092120 3)))

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business address of officers and/or directors:

Title	Name	Business Address
P/D	Joseph S. Richardson	344 South Royal Street, Jackson, TN 38302
V/S/D	James E. Richardson	344 South Royal Street, Jackson, TN 38302
V/I/AS	Wesley Richardson	344 South Royal Street, Jackson, TN 38302

13. The execution of this application constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

(Signature of Director or Officer listed in Number 12 of this application)

Wesley Richardson, Vice President

(Typed or printed name and capacity of person signing application)

STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services 312 Rosa L. Parks Avenue 6th Floor, William R. Snodgrass Tower Nashville, TN 37243

CFS

8161 Hwy. 100, 172

Nashville, TN 37221 USA

Request Type: Certificate of Existence/Authorization

Request #:

0012128

Issuance Date: 04/20/2010

Copies Requested:

Document Receipt

Receipt #: 170255

Filing Fee:

\$20,00 \$40.00

April 20, 2010

Payment-Check/MO - CFS, Nashville, TN

Regarding:

HUB CITY P.B.E. INC.

Filing Type: Corporation For-Profit - Domestic Charter/Qualification Date: 06/13/1988

Status:

Active

Duration Term: Perpetual

Control #: Date Formed:

204158 06/13/1988

Formation Locale: Madison County

Inactive Date:

CERTIFICATE OF EXISTENCE

1, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that HUB CITY P.B.E. INC.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State which affect the existence/authorization of the business:
- * has filed the most recent corporation annual report required with this office;
- has appointed a registered agent and registered office in this State;
- * has not filed ArtIcles of Dissolution or Articles of Termination.

Business Services Division