


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90321 011 ***150.00

DOCUMENT # H14087
1. Entity Name
MONICA L. HUGHES INSURANCE AGENCY, INC.



DO NOT WRITE IN THIS SPACE

60025416

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
C/O MONICA L. HUGHES
Suite, Apt. #, etc.

3. Mailing Address
12554 STARKEY RD.
Suite, Apt. #, etc.

City & State
LARGO, FL.

City & State

4. FEI Number **59-2433020**

Applied For
 Not Applicable

Zip **33773** Country **PINELLAS**

Zip Country

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 | PT HUGHES, MONICA L. 12554 STARKEY RD. | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPS HUGHES, RANDALL 12554 STARKEY RD. | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Monica L. Hughes* **4-6-06 727-585-6200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)