

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90242 032 ***150.00

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DOCUMENT # H14087



1. Entity Name
MONICA L. HUGHES INSURANCE AGENCY, INC.

Principal Place of Business
**12554 STARKEY RD.
LARGO FL 33773-2615
US**

Mailing Address
**12554 STARKEY RD.
LARGO FL 33773-2615
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2433020**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUGHES, MONICA L.
12554 STARKEY RD.
LARGO FL 34643**

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

FL Zip Code **33273**

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 _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: PT <input type="checkbox"/> Delete NAME: HUGHES, MONICA L. STREET ADDRESS: 12554 STARKEY RD. CITY-ST-ZIP: LARGO FL 33773	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: VPS <input type="checkbox"/> Delete NAME: HUGHES, RANDALL STREET ADDRESS: 12554 STARKEY RD. CITY-ST-ZIP: LARGO FL 33773	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Monica L. Hughes* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **2-7-03 (727) 585-6200** Date Daytime Phone #

CR2E034 (10/02)