

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# H69428

FILED
Apr 26, 2003
Secretary of State

Entity Name: HAUPTMAN ENTERPRISES, INC.

Current Principal Place of Business:

4575 SOUTH ATLANTIC AVE.
6203
PONCE INLET, FL 32127 US

New Principal Place of Business:

Current Mailing Address:

4575 SOUTH ATLANTIC AVE.
6203
PONCE INLET, FL 32127 US

New Mailing Address:

P O BOX 290664
PORT ORANGE, FL 32129 US

FEI Number: 59-2577608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAUPTMAN, ANN
4575 S ATLANTIC AVE
6203
PONCE INLET, FL 32127 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAUPTMAN, ANN
Address: 4575 S. ATLANTIC AVE., STE. 6203
City-St-Zip: PONCE INLET, FL

Title: VST () Delete
Name: HAUPTMAN, THEODORE R, .
Address: 4575 S. ATLANTIC AVE., STE. 6203
City-St-Zip: PONCE INLET, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN HAUPTMAN

P

04/26/2003

Electronic Signature of Signing Officer or Director

Date