2001 UNIFORM BUSINESS REPORT (UBR)

DÒCUMENT # J39910

Secretary of State 02-09-2001 90231 021 ***150.00 Principal Place of Business 1906 HOWELL BRANCH RD WINTER PARK FL 32792 US 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Secretary of State 02-09-2001 90231 021 ***150.00 1 4 0 5 5 DO NOT WRITE IN THIS SPACE Applied	FILED Feb 09, 2001 8:00 am Secretary of State			3)	2001 UNIFORM BUSINESS REPORT (UBR)					
Principal Place of Business Mailing Address 1906 HOWELL BRANCH RD WINTER PARK FL 32792 US 2. Principal Place of Business Suite, Apt. #, etc. City & State City & State City & State City & State Country Country Country Country Country Country To Name and Address of New Registered Agent HUCKLEBERRY, DERRICK 1906 HOWELL BRANCH ROAD Mailing Address Mailing Address A Mailing Ad										
1906 HOWELL BRANCH RD WINTER PARK FL 32792 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State City & State City & State City & State Country Country To Country Country To Name and Address of New Registered Agent HUCKLEBERRY, DERRICK 1906 HOWELL BRANCH ROAD P O BOX 940489 MAITLAND FL 32794-0489 US 1 1 4 0 5 5 DO NOT WRITE IN THIS SPACE Applied Not App Applied Not App To Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)		•					ASSOCIATES, INC.	EBERRY A	HUCKLE	
WINTER PARK FL 32792 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country Country Tourish Address of Current Registered Agent HUCKLEBERRY, DERRICK 1906 HOWELL BRANCH ROAD MAITLAND FL 32794-0489 US Applied Not Applied Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)						Mailing Address	ess	ce of Business	Principal Plac	
Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number 59-2744104 Applied Not App Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent Name HUCKLEBERRY, DERRICK 1906 HOWELL BRANCH ROAD		114088			MAITLAND FL 32794-0489		NTER PARK FL 32792		WINTER PARK	
City & State City & State 4. FE! Number 59-2744104 Applied Not App Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name HUCKLEBERRY, DERRICK 1906 HOWELL BRANCH ROAD					3. Mailing Address	2. Principal Place of Business				
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent HUCKLEBERRY, DERRICK 1906 HOWELL BRANCH ROAD Not App Not App 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)		DO NOT WRITE IN THIS SPACE				Suite, Apt. #, etc.		Suite, Apt. #, etc.		
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent HUCKLEBERRY, DERRICK 1906 HOWELL BRANCH ROAD Street Address (P.O. Box Number is Not Acceptable)		4. FEI Number 59-2744104 Applied For Not Applied ber		4. FEI Nu	City & State		City & State			
HUCKLEBERRY, DERRICK 1906 HOWELL BRANCH ROAD Name Street Address (P.O. Box Number is Not Acceptable)		□ \$8.75 Additio	Certificate of Status Desired	5. Certifi	Country	Žip .	Country		Zip	
HUCKLEBERRY, DERRICK 1906 HOWELL BRANCH ROAD Street Address (P.O. Box Number is Not Acceptable)		gistered Agent	ame and Address of New Register	7. Name		gistered Agent	me and Address of Current Re	6. Name		
1906 HOWELL BRANCH ROAD Street Address (P.O. Box Number is Not Acceptable)			<u></u>		UI IOVI EREDDY DEDDIOK			HUC		
WINTER FARK EL 32/34	(P.O. Box Number is Not Acceptable)			ddress (P.O. Box No	Street Ad		L BRANCH ROAD	6 HOWELL E	1906	
City A FL Zip Code		FL Zip Code	,,/ F		City		N FL 32/ 94	HEN FANN I	AAIIA !	
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.		da.	ent, or both, in the State of Florida.	registered agent, o	egistered office or	ne purpose of changing its re	ntity submits this statement for the	e named entity	8. The above	
SIGNATURE			W						SIGNATURE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered April signature required when reinstating) DATE		DATE	instating) DA	/ /			ped or printed name of registered agent and	Signature, typed		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! F7E IS \$150.00 After MAY 1, 2001 Five will be \$550.00 Make Check Payable to Cepartment of State 10. Election Campaign Financing Trust Fund Contribution. Trust Fund Contribution.	.00 Trust Fund Contribution Added to Fees		550.00	After MAY 1, 2001 Fee will be \$550.00		nt and elects to do so.	Tax filing requirement and elects to do so.			
11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1			DITIONS/CHANGES TO OFFICERS A	ADDITIO	12.		OFFICERS AND DI		11.	
TITLE PD Delete TITLE NAME HUCKLEBERRY, DERRICK NAME STREET ADDRESS CITY-ST-ZIP WINTER PARK FL Change Delete TITLE TITLE DELETE TITLE TITLE TITLE DELETE	Addition	☐ Change [NAME STREET ADDRESS	☐ Delete	OWELL BRANCH RD	HUCKLEB 1906 HOV	NAME STREET ADDRESS	
	Addition	☐ Change [TITLE NAME	☐ Delete	EBERRY, DORIS D.	C HUCKLEB	TITLE NAME	
CITY-ST-ZIP WINTER PARK FL CITY-ST-ZIP				•						
NAME MILLER, JEAN N STREET ADDRESS 1906 HOWELL BRANCH RD NAME STREET ADDRESS	Addition	_ □ Change 〔	· · · · · · · · · · · · · · · · · · ·		NAME STREET ADDRESS	☐ Delete	IOWELL BRANCH RD	MILLER, J 1906 HOV	NAME STREET ADDRESS	
CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-ZIP TITLE Delete TITLE NAME NAME	Addition	☐ Change [TITLE	☐ Delete	R PARK FL 32792	WINTER F	TITLE	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP					STREET ADDRESS				STREET ADDRESS	
TITLE Delete TITLE Change STREET ADDRESS STREET ADDRESS	Addition	Change [TITLE	☐ Delete			TITLE	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change AMAGE)							:		

13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO