

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K02133

1. Entity Name

CAROLYN HUFTY, INC.

FILED

Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90016 016 ***150.00

Principal Place of Business

14103 W NEWBERRY RD
NEWBERRY FL 32669
US

Mailing Address

P.O. BOX 147050
GAINESVILLE FL 32614-7050
US

2. Principal Place of Business

2831 NW 41st
Suite K

3. Mailing Address

PMB 83
PO BOX 147050

Suite, Apt. #, etc.

City & State

Gainesville, Fla

City & State

Same as above

Zip

32606

Country

FLA

Zip

32606

Country

FLA

4. FEI Number

59-2881577

Applied For

Not Applicable

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

HUFTY, CAROLYN L.
14103 W NEWBERRY RD
NEWBERRY FL 32669

Name

SAME

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

2831 NW 41 Street Suite K

City

Gainesville

FL

Zip Code

32606

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable:

CAROLYN L. HUFTY

(NOTE: Registered Agent signature required when reinstating)

1-19-00

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input type="checkbox"/> Delete
NAME	HUFTY, CAROLYN, L	
STREET ADDRESS	14103 W NEWBERRY RD	
CITY-ST-ZIP	NEWBERRY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2831 NW 41 Street Suite K	
CITY-ST-ZIP	Gainesville, Fla 32606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROLYN L. HUFTY 1-19-00

Date

Daytime Phone #

352
332 0944

CR2E034 (9/99)