

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K41243

1. Entity Name
HUMATE INTERNATIONAL, INC.

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90006 017 ***158.75

Principal Place of Business

836 MAMIE RD.
JACKSONVILLE FL 32205
US

Mailing Address

836 MAMIE RD.
JACKSONVILLE FL 32205
US

2. Principal Place of Business

6633 STUART AVENUE
Suite, Apt. #, etc.

3. Mailing Address

6633 STUART AVENUE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-2938825

Applied For

Not Applicable

Zip

32254

Country

Zip

32254

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GALBRAITH, BRIAN B.
3804 RICHMOND ST
JACKSONVILLE FL 32205

7. Name and Address of New 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	GALBRAITH, BRIAN B.	
STREET ADDRESS	3804 RICHMOND ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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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 another like empowered.

SIGNATURE:

BRIAN B. GALBRAITH

7/12/00

904-783-6396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Humate International, Inc.

Attachment
K 41243
D0078963

July 12, 2000

Division of Corporation
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 2000 Uniform Business Report

Dear Sirs:

I am writing, as you requested, to inform you that I moved my business location in October 1999. The attached notice was forwarded to me and is the first notice I received regarding the 2000 Uniform Business Report (the original notice was, apparently not forwarded to me).

As you have advised, I am enclosing my check for the normal fee of one-hundred fifty dollars (\$150.00) plus \$8.75 to receive a new Certificate of Status.

Thank you for your assistance.

Sincerely,

Brian B. Galbraith
President

Website: www.humateintl.com • E-mail: humateintl@aol.com

6633 Stuart Avenue

660 North Ellis Road, Jacksonville, FL 32254 • Tel: (904) 783-6396 • FAX: (904) 781-6512 • 1-800-3 WE GROW