

**2000 UNIFORM BUSINESS REPORT (UBR)**

*Pg. 1 of 2*

DOCUMENT # *L52185*  
 Entity Name

*M.B. & Hughes Assoc. Inc.*  
 Principal Place of Business Mailing Address  
*3947 Blvd Center Drive Suite 101*  
*Jacksonville, FL 32307*

**FILED**

00 JUL 21 PM 4:06

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2. Principal Place of Business *Same* 3. Mailing Address *Same*

Suite, Apt. #, etc. *101* Suite, Apt. #, etc. *101*

City & State *Jacksonville, FL* City & State *Jacksonville, FL*

Zip *32207* Country *USA* Zip *32207* Country *USA*

4. FEI Number *59-3006456* Applied For  Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
*Marilyn B. Hughes*  
*7023 Skindler Dr.*  
*Jacksonville, FL 32222*

7. Name and Address of New Registered Agent  
 Name *N/A*  
 Street Address (P.O. Box Number is Not Acceptable) *N/A*  
 City *N/A* State **FL** Zip Code *N/A*

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 \_\_\_\_\_ (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 \$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 NAME	<i>Marilyn B. Hughes</i> <input type="checkbox"/> Delete
STREET ADDRESS	<i>7023 Skindler Dr.</i>
CITY-ST-ZIP	<i>Jacksonville, FL 32222</i>
TITLE NAME	<i>Pres.</i> <input type="checkbox"/> Delete
STREET ADDRESS	<i>V. Pres.</i>
CITY-ST-ZIP	
TITLE NAME	<i>Sec. &amp; Treas</i> <input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

**700003332307-5**  
**-07/24/00-01004-001**  
**\*\*\*\*476.25 \*\*\*\*158.75**

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: *Marilyn B. Hughes* Date: *7-21-00*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR 1004 (01/01)

Pg. 2 of 2

7-21-00

To Whom It May Concern:

I did not receive 2000 uniform  
business report & I am asking the  
fees be waived.

Thank You,  
Marilyn B. Hughes