

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L79134

1. Entity Name

HUNTERIDGE, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90097 003 ***150.00

Principal Place of Business

Mailing Address

%ROBERT E SWARTZBAUGH
1707 E NAVAJO AVE
TAMPA FL 33612

%ROBERT E SWARTZBAUGH
1707 E NAVAJO AVE
TAMPA FL 33612-7073

2. Principal Place of Business

14028 5th St

Suite, Apt. #, etc.

3. Mailing Address

14028 5th St

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DADE City FI

City & State

DADE City FI

4. FEI Number

59-3055153

Applied For

Not Applicable

Zip

Country

33525 USA

Zip

Country

33525

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

SWARTZBAUGH, BARBARA D
1707 E NAVAJO AVE
TAMPA FL 33612

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

BARBARA D Swartzbaugh

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/00

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	DP	<input checked="" type="checkbox"/> Delete
NAME	HENDRICKS, MARK	
STREET ADDRESS	103 HENDRICKS LANE	
CITY-ST-ZIP	TRILBY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HENDRICKS, MARK	
STREET ADDRESS	21450 HENDRICKS LANE	
CITY-ST-ZIP	TAMPA FL 33593	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hendricks, Mark	
STREET ADDRESS	21450 Hendricks Lane	
CITY-ST-ZIP	TRILBY FL 33593	
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		
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:

Mark Hendricks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-00

352-521-3853

CR2E034 (9/99)