

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90122 006 ***150.00

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DOCUMENT # L96755

1. Entity Name

AHECO FINANCIAL CORPORATION



Principal Place of Business

**1208-B BELL SHOALS RD.
BRANDON FL 33511
US**

Mailing Address

**POST OFFICE BOX 828
VALRICO FL 33595-828
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2712852

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HAMPTON, DOUGLAS W.
205 N. PARSONS AVENUE
BRANDON FL 33510**

7. Name and Address of New Registered Agent

Name

RICHARD R. KOSAN, ESQ.

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

112 W. WINDHURST RD.

City

BRANDON

FL

Zip Code

33510

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

RICHARD R. KOSAN, ESQ.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Delete
NAME **HAUNSTETTER, FRANCIS**
STREET ADDRESS **1820 S ST CLOUD AVE**
CITY-ST-ZIP **VALRICO FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **HAUNSTETTER, JR F X**
STREET ADDRESS **1820 S ST CLOUD AVE**
CITY-ST-ZIP **VALRICO FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **HAUNSTETTER, DENISE M.**
STREET ADDRESS **1820 S ST CLOUD AVE**
CITY-ST-ZIP **VALRICO FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FRANCIS X. HAUNSTETTER, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FRANCIS X. HAUNSTETTER, PRESIDENT

04/29/03

Date

813-689-5044

Daytime Phone #

CR2E034 (10/02)