

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008074

1. Entity Name
HUGHES & WELCH, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 31 AM 8:07

Principal Place of Business
400 EXECUTIVE CENTER DRIVE, SUITE 207
WEST PALM BEACH FL 33401

Mailing Address
400 EXECUTIVE CENTER DRIVE, SUITE 207
WEST PALM BEACH FL 33401-2922



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
65-0963580

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUGHES, CLAUDIA E
400 EXECUTIVE CENTER DRIVE, SUITE 207
WEST PALM BEACH FL 33401

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR Delete
NAME HUGHES, CLAUDIA E
STREET ADDRESS 400 EXECUTIVE CENTER DRIVE, SUITE 207
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE Change Addition
NAME **600003121566--2**
STREET ADDRESS **-02/02/00--01104--013**
CITY-ST-ZIP *******50.00 *****50.00**

TITLE MGR Delete
NAME WELCH, C. D
STREET ADDRESS 400 EXECUTIVE CENTER DRIVE, SUITE 207
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Claudia E Hughes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date **1-25-2000** Daytime Phone # **(561) 688-1888**