

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0963580

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

(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
NAME
STREET ADDRESS
CITY- ST- ZIP

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

☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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TITLE
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STREET ADDRESS
CITY- ST- ZIP

MGR
WELCH, C. D
400 EXECUTIVE CENTER DRIVE, SUITE 207
WEST PALM BEACH FL 33401

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1-25-2000

1888