

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

07-07-2004 90004 039 ***150.00
M95532

FILED

04 JUL 21 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
54060202



06232004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0068587	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

UBER, WILLIAM H.
1150 SW RIO VISTA WAY
PALM CITY, FL 34990

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	UBER, WILLIAM H.
STREET ADDRESS	1150 SW RIO VISTA WAY
CITY-ST-ZIP	PALM CITY, FL
TITLE	S
NAME	UBER, HAZEL L.
STREET ADDRESS	1150 SW RIO VISTA WAY
CITY-ST-ZIP	PALM CITY, FL
TITLE	V
NAME	UBER, RICHARD K
STREET ADDRESS	1926 HANT CLUB WAY
CITY-ST-ZIP	PALM CITY, FL
TITLE	T
NAME	BIEHL, DAWN
STREET ADDRESS	786 SE ALBATROSS
CITY-ST-ZIP	PT ST LUCIE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

JB 7/27

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

772-220-1310



Martin Downs
Florist

2830 SW Mapp Rd.
Palm City, FL 34990

Phone: 772-220-1310
Fax : 772-220-4793
Email: budd7@adelphia.net

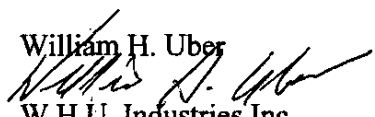
To: Andy Dunlap
Document Specialist Supervisor
Florida Department of State

7/18/04

From: W. H. U. Industries Inc (M95532)
2830 SW Map Rd
Palm City, FL 34990

In response to your letter dated July 9, 2004, please find the intend of this letter to be a letter of non receipt for the original uniform business report. We apologize for any inconvenience this may have cause, and thank you for your help in this matter.

William H. Uber


W.H.U. Industries Inc.