## "2001 UNIFORM BUSINESS REPORT (UBR)

2001	UNIFORM BUSI	NESS REPO	RT (UBR)	)			ED	.00 .		!
DOCUMENT # P0000007178					Jul 20, 2001 8:00 am Secretary of State					i
1. Entity Nam	1			07-20-2001 900				;		
	, , , , , , , , , , , , , , , , , , ,		$\mathcal{C}_{1}$	( <b>/</b>		07 20 2001 900	700 021	150.00		
Principal Place of Business 1168 24TH STREET NORTH JACKSONVILLE BEACH FL 32250		Mailing Address 1168 24TH STREET NORTH JACKSONVILLE BEACH FL 32250						1 <b>1111</b> 1111 1		
2. Principal P	Place of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & Stat	e	City & State			4. FEI Number Applied For Not Applied For Not Applicable					7
Zip	Country	Zip	Country		-	ertificate of Status Desired		8.75 Add	litional	1
	6. Name and Address of Current Re	egistered Agent	N	7	7. Na	me and Address of New R			<u>-</u>	
HUFFMAN	I, ROBERT-M		Name Street Addre	ess (D.C		x Number is Not Acceptable	۸			-
1168 24TH STREET NORTH			Street Addre	CSS (F.C	J. DO	t rumber is riot Acceptable				4
JACKSON	VILLE BEACH FL 32250		City					Zip Code	· · · · · · · · · · · · · · · · · · ·	-
9 The should	and notify a posite this statement for t	no purpose of abousing its r		nintarad		at as both in the State of Ele	FL			$\dashv$
<b>8.</b> The above	named entity submits this statement for t	ne purpose of changing its ri	egistered office or reg	gisterea	ı ager	nt, of both, in the State of Fic	rida.			
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered Agent signature re-	equired wh	en rein	stating)	DATE			}
Tax filling requirement and elects to do so After September 12,			FEE IS \$550.00 2001 Fee will be \$7 e to Department of			Election Campaign Fin Trust Fund Contributio	• –		<b>0</b> May Be I to Fees	1
11.	OFFICERS AND DI		12.		ADD	ITIONS/CHANGES TO OFF	CERS AND I	DIRECTOR	3 IN 11	_
TITLE NAME STREET ADDRESS	D HUFFMAN, ROBERT M 1168 24TH STREET NORTH	☐ Delete	TITLE NAME STREET ADDRESS				-	Change	☐ Addition	1
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	_	CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·				_		4
NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS					Change	☐ Addition	
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP TITLE					Change	Addition	1
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CITY-ST-ZIP			CITY-ST-ZIP							
TITLE NAME		☐ Delete	TITLE NAME				Ī	Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
indicated of the cor	certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that my ered to execute this report a	signature shall have	the san	ne le	gal effect as if made under o	ath; that I an	an officer	or director	

attachment # P0000000001178 80000330

To whom it may concern,

I was advised by one of your staff to write this letter to appeal the \$400.000 late fee. I was told to send in \$150.00 and this letter stating my case.

My situation is this: I have never received any notice or been advise of the existence of "Division of Corporations" or the "Uniform Business Report" by you or my accountant. My accountant who set up my corporation advised me that they are not responsible for informing clients of this detail. I am very organized and pay my bills but if I am unaware of them I do not know how I can ensure compliance. Please be assured from this point forward I will be aware of the annual fee and payments will be paid immediately upon notice.

Any understanding in this regard would be greatly appreciated.

Thank you,

MM

Robert M. Huffman

Huffman Investments, Inc.