

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90109 020 ***550.00

DOCUMENT # P01000002364

1. Entity Name
HONEYCUTT VINYL SIDING, INC.

Principal Place of Business

363 PENNSYLVANIA AVE
PALM HARBOR FL 34683

Mailing Address

363 PENNSYLVANIA AVE
PALM HARBOR FL 34683

2. Principal Place of Business

709 - 9TH ST

Suite, Apt. #, etc.

3. Mailing Address

709 - 9TH ST

Suite, Apt. #, etc.

City & State

PALM HARBOR

City & State

PALM HARBOR

4. FEI Number

59-369 9960

Applied For

Not Applicable

Zip

34683

Country

PINELLAS

Zip

FL

Country

34683

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HONEYCUTT, MICHAEL A
363 PENNSYLVANIA AVE
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name

WILLIAM HONEYCUTT

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

709 - 9TH ST

City

PALM HARBOR

FL

Zip Code

34683

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

William F. Honeycutt

WILLIAM F HONEYCUTT

9-10-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☒

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	HONEYCUTT, MICHAEL A	
STREET ADDRESS	363 PENNSYLVANIA AVE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	☐ Delete
NAME	HONEYCUTT, WILLIAM	
STREET ADDRESS	709 9TH STREET	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (4/02)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William F. Honeycutt **WILLIAM F. HONEYCUTT** *9-10-02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #