**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Apr 29, 2002 8:00 am § Secretary of State **DOCUMENT #** P01000119728 1. Entity Name ROGER W. HUGGINS ENTERPRISES, INC. 04-29-2002 90189 026 \*\*\*150.00 Principal Place of Business Mailing Address 6840 MANNING CEMETERY RD. 6840 MANNING CEMETERY RD. BALDWIN FL 32234 BALDWIN FL 32234 2. Princigal Place of Business DO NOT WRITE IN THIS SPACE Applied For City & State City & State ACKSONVILLE Not Applicable \$8.75 Additional Certificate of Status Desired ≈7. Name and Address of New Registered Agent ﷺ === -6.: Name and Address of Current Registered Agent HUGGINS, ROGER W 6840 MANNING CEMETERY RD. **BALDWIN FL 32234** 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, typed or printed name of registered agent and title if applicable. (NQTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be 'Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 CR2E034 (9/01 TITLE Change Addition TITLE ☐ Delete HUGGINS, ROGER W. HUGGINS, ROGER W NAME NAME 6840 MANNING CEMETERY STREET ADDRESS 6840 MANNING CEMETERY RD. STREET ADDRESS BALDWIN FL 32234 CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition ☐ Change TITLE. - -، Delete 🖃 🛌 ڪئي جين NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.