

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90029 043 \*\*\*150.00

**DOCUMENT # P02000047545**

1. Entity Name

HUTTO SUPER LATHING SERVICE, INC.



Principal Place of Business

8456 SEVILLE AVE  
ORANGE PARK FL 32073

Mailing Address

8456 SEVILLE AVE  
ORANGE PARK FL 32073



2. Principal Place of Business

8456 Seville Ave  
Suite, Apt. #, etc.

3. Mailing Address

8456 Seville Ave  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Orange Park FL  
32073 America

City & State

Orange Park FL  
32073 America

4. FEI Number

460477294

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HUTTO, BRAIN K  
8456 SEVILLE AVE  
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Brian Hutto  
8456 Seville Ave  
Orange Park FL 32073

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

1-2-03

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	HUTTO, BRAIN K	
STREET ADDRESS	8456 SEVILLE AVE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Ronald Welch	
STREET ADDRESS	8456 Seville Ave	
CITY-ST-ZIP	Orange Park FL 32073	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Thomas Mutchler	
STREET ADDRESS	8456 Seville Ave	
CITY-ST-ZIP	Orange Park FL 32073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-2-03 904-813-3523

CR2E034 (10/02)