## 2003 FOR PROFIT CORPORATION

## Apr 07, 2003 8:00 am

				, Secretary or State							
DOCUMENT # P02000068131  1. Entity Name THE HUE TAILORING, INC.								03-24-2003 90	•		
Principal Place of Business 597 CENTRAL PARKWAY STUART FL 34994				Mailing Address 597 CENTRAL PARKWAY STUART FL 34994							
2. Principal Place of Business			3. Mailing Address				7		B)   6 (1)   14 (1)   11	188   1881   1881   1881	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State				& State		4. FEI Number 8/-05		FEI Number 81-05 703 41		Applied For Not Applicable	
Zip	Zip Country		Zip		Country		5.	Certificate of Status Desired .	\$8.75 A Fee Requi	dditional red	
6. Name and Address of Current Registered Agent							7. 1	Name and Address of New Register	ed Agent		7
At the time chamber of Antigue 1988(Storage callege)						Name	<del>- ::</del>		4		ᆌ.
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WALKS, HUE'T						Street Address	s (P.O. B	ox Number is Not Acceptable)			7
1232 SW SEAHAWK WAY					_						_
PALM CIT	TY FL 34990	)			ĺ						1
,					<u></u>	City	FL Zip Code			de	-
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	tions of regist		ine purp	lose of Changing its r	egisiereo	onice or regist	iereu ag	ent, or both, in the State of Fibrida. To	un tanomar witi	i, and accept	
SIGNATURE	Signature, typed	or printed name of registered agent ar	nd title if app	licable. (NOTE:	Registered A	gent signature requir	red when re	instating) DAI	Ē.		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of								9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.		OFFICERS AND D	IRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 11	7
TITLE .	P	sident_		☐ Delete	TITLE				☐ Change	Addition	ୀ ନ୍ତି
NAME	110	MALLE HIST			NAME						۱ĕ
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	THEE ADDRESS 1333 SW Seahawk Way				CITY-ST						1ğ
ory-st-zip Pelm City, FL 349 time Vice Président			990	990		1-51-ZIP					1 <u>%</u>
TITLE	Vice	President		☐ Celete	TITLE	•			Change	Addition	CR2E034 (10/02)
NAME	ME WALKS, Ronald E			NAME							1
STREET ADDRESS	1235	Sw Seahawk	Way	,	STREET A	ODRESS			•		1
CITY-ST-ZIP	Pol	" City, FL	34 <i>99</i>	7 D	CITY-ST-	ZIP					1
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NAME		. <del> </del>			STREET A	pneces					-1
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NAME					NAME	1					}

12. I hereby certify that the information supplied with this fitting 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

City-St-ZIP

HAR LUSE DEGUIRED STUDE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR