

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000085987**

1. Entity Name
HUNTCO., INC.



Principal Place of Business
**1912 MASSACHUSETTS AVE NE
ST PETERSBURG FL 33703**

Mailing Address
**1912 MASSACHUSETTS AVE NE
ST PETERSBURG FL 33703**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-2055551

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCOTT, ALLWOOD S
1912 MASSACHUSETTS AVE NE
ST PETERSBURG FL 33703**

Name

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

City

FL Zip Code

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: **4/14/03**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME
STREET ADDRESS **1912 MASSACHUSETTS AVE. N.E.**
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

TITLE Change Addition
NAME **PATRICK SCOTT**
STREET ADDRESS **1912 MASSACHUSETTS AVE. N.E.**
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

TITLE Delete
NAME
STREET ADDRESS **1912 MASSACHUSETTS AVE. N.E.**
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

TITLE Change Addition
NAME
STREET ADDRESS **1912 MASSACHUSETTS AVE. N.E.**
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

TITLE Delete
NAME
STREET ADDRESS **1912 MASSACHUSETTS AVE. N.E.**
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

TITLE Change Addition
NAME
STREET ADDRESS **1912 MASSACHUSETTS AVE. N.E.**
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

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CITY-ST-ZIP **ST. PETERSBURG FL 33703**

TITLE Change Addition
NAME
STREET ADDRESS **1912 MASSACHUSETTS AVE. N.E.**
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

727-872-1415

Daytime Phone #

CR2E034 (10/02)

04/08/07
AV