2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

P02000091504 **DOCUMENT #**

1. Entity Name

Principal Place of Business

HUNTINGTON ENTERPRISE, INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90848 038 ***150.00

JUUUTO19

11673 REXMERE BLVD DAVIE FL 33325		11673 REXMERE BLVD DAVIE FL 33325		
2. Principal Pla	ce of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 2312599 Applied For Not Applicable
Zip	Country	Zip	Country -	5. Certificate of Status Desired
	6. Name and Address of Curr	ent Registered Agent		7. Name and Address of New Registered Agent
	6. Name and Address of Curi	ent negistered Agent	Name	
BANNON, BERNARD L 11673 REXMERE BLVD			Street	et Address (P.O. Box Number is Not Acceptable)
DAVIE FL 33325			City	FL Zip Code
the obligation	named entity submits this stateme ons of registered agent. Signature, typed or printed name of registered	Bannor		e or registered agent, or both, in the State of Florida. I am familiar with, and accept gnature required when reinstating)
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550 Payable to Florida Departme	nt of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
10.		AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIVECTORS IN T
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BANNON, BERNARD L 11673 REXMERE BLVD DAVIE FL 33325	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2///12/20020	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-SI-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	Change Addition ESS a stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

I riereby 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: