

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000001522

1. Entity Name

HUTTINGER EQUIPMENT REPAIR, INC.

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90023 012 \*\*\*150.00

Principal Place of Business

Mailing Address

5808 13TH AVENUE EAST  
BRADENTON FL 34208

9704 25TH ST E.  
PARISH FL 34219-9024  
US

2. Principal Place of Business

3. Mailing Address

9704 25th St E  
Suite, Apt. #, etc.

9704 25th St. E.  
Suite, Apt. #, etc.

City & State

City & State

Parish FL  
FL 34219 MANATEE

Parish FL  
34219-9024 Manatee

4. FEI Number

65-0459255

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

HUTTINGER, DAN  
5808 13TH AVENUE EAST  
BRADENTON FL 34208

Name Huttinger, Dan  
Street Address (P.O. Box Number is Not Acceptable)  
9704 25th St. E  
City Parish **FL** Zip Code 34219-9024

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME P  
STREET ADDRESS HUTTINGER, DAN  
CITY-ST-ZIP 5808 13TH AVENUE EAST  
BRADENTON FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)