## 2000 UNIFORM BUSINESS REPORT (UBR)

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

## DOCUMENT # P94000019424

2. Principal Place of Business

HUFFINE, TERRY E

**HOLMES BEACH FL 34217** 

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

**520 56 STREET** 

(See criteria on back)

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

## HUFFINE AGGREGATE UNLOADING, INC.

Country

Principal Place of Business Mailing Address 520 56 STREET 延 56 STREET HOLMES BEACH FL 34217-1528 JULIES BEACH FL 34217

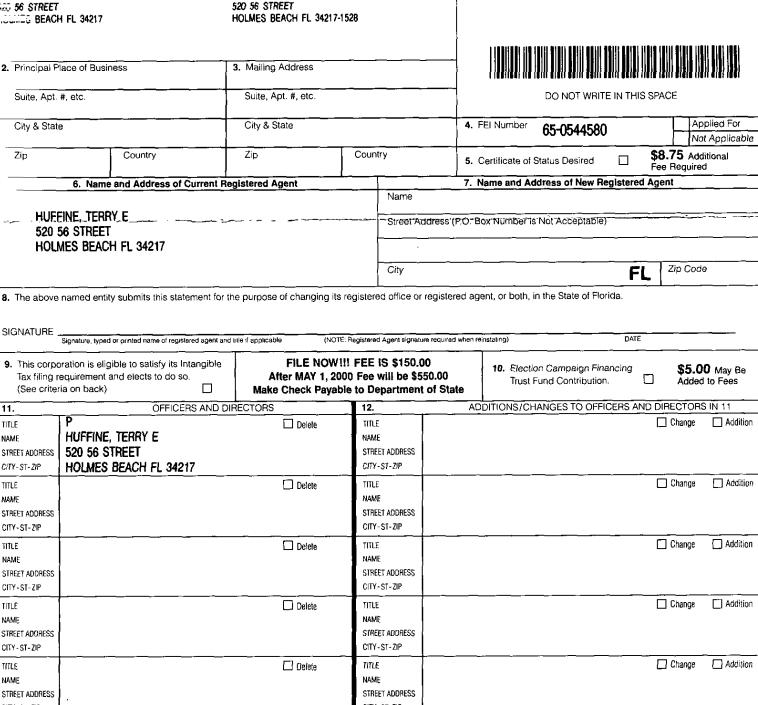
6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

FILED Apr 17, 2000 8:00 am Secretary of State

04-17-2000 90007 004 \*\*\*150.00



CR2E034 (9/99) HUFFINE, TERRY E NAME NAME STREET ADDRESS 520 56 STREET STREET ADDRESS HOLMES BEACH FL 34217 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

TITLE

☐ Delete

☐ Delete

Name

City

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.

CITY-ST-ZIP

NAME STREFT ADDRESS

TITI F

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition