

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2003 8:00 am**  
**Secretary of State**

03-04-2003 90062 025 \*\*\*150.00

**DOCUMENT # P94000038686**

1. Entity Name

JOHN W. HUGHES, C.P.A., P.A.



Principal Place of Business

4966 SHORELINE CIR  
SANFORD FL 32771

Mailing Address

5224 W. STATE RD 46  
#123  
SANFORD FL 32771

2. Principal Place of Business

5224 W. STATE RD 46

Suite, Apt. #, etc.

SUITE 123

City & State

SANFORD, FL

Zip

32771

Country

USA

3. Mailing Address

5224 W. STATE RD 46

Suite, Apt. #, etc.

UNIT #123

City & State

SANFORD, FL

Zip

32771

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3237207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HUGHES, JOHN W

4966 SHORELINE CIR  
SANFORD FL 32771

7. Name and Address of New Registered Agent

Name

JOHN W HUGHES

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

5224 W. STATE RD 46

UNIT #123

City

SANFORD

FL

Zip Code

32771

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

*John W. Hughes*

JOHN W. HUGHES

3/1/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HUGHES, JOHN W  
CITY-ST-ZIP 4966 SHORELINE CIR  
SANFORD FL 32771

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME JOHN W. HUGHES  
STREET ADDRESS 5224 W. STATE RD 46, #123  
CITY-ST-ZIP SANFORD, FL 32771

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

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

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

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

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

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 all other like empowered.

SIGNATURE:

*John W. Hughes*

3/1/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)