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

## P94000038686 **DOCUMENT #**

1. Entity Name

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



## **FILED** Mar 04, 2003 8:00 am Secretary of State 03-04-2003 90062 025 \*\*\*150.00

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Principal Plac	ce of Business	Mailing Address					
4966 SHORE	LINE CIR	5224 W. STATE RD 46		'			
SANFORD FL	. 32771	#123					
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City & Stat		City & State		-	4. FEI Number		pplied For
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Zip	Country	Zip	Country		<del></del>		
327		32771	US-A		5. Certificate of Status Desired	S8.75 Ac	
	6. Name and Address of Current		<u> </u>		7. Name and Address of New Regis	<u> </u>	-
			Name	_		Acres Agent	
HUGHES,	JOHN W			HOL	N M HOCKES		
			Street Ac	ddress (P.C	D. Box Number is Not Acceptable)	•	
	ORELINE CIR			ጔጔሀ	W. STATE RD	_46	
SANFORD	D FL 32771		<b></b>	TATIS	T #-123		
			City	<u> </u>	1 1-10-5	<b>□</b> Zip Coo	40
				MAG	FORD	FL Zip Coo	ודיככ
8. The above	named entity submits this statement for	or the purpose of changing its re	egistered office or	registered	agent, or both, in the State of Florida	. I am familiar with	and accept
the obligat	tions of registered agent.		•				
	8. Af 1.11 A	JOHN U	12 Lline	رسمي	21,	1-5	
SIGNATURE .	Signature, uped or printed name of registered it ent		Registered Agent signatur	re required wh	an reinstation)	<u>ルクろ</u>	<del></del>
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	FILE NOW!!! FEE IS \$150.00				9. Election Campaign Financ	ina <b>¢E</b> /	O May Be
	r May 1, 2003 Fee will be \$550.00				Trust Fund Contribution.	· _ ••••	d to Fees
	k Payable to Florida Department o	of State					
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Thereby 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:

SIGNITURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #