


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

DOCUMENT # P94000053118	
1. Entity Name The Hughes Group Associates, Inc.	

FILED
03 JUL 23 PM 3: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3 Applegate Dr. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Robbinsville, NJ		City & State	
Zip 08691	Country USA	Zip	Country

200022370202
08/18/03--01014--005 **8.75

DO NOT WRITE IN THIS SPACE

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	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road City Plantation FL Zip Code 33324		

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.

**CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY**

SIGNATURE Connie Bryan (NOTE: Registered Agent signature required when reappointing) DATE 7/23/03

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	Director Theodore Froehlich 3 Applegate Drive Robbinsville, NJ 08691	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200022370202 08/18/03--01014--006 **550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/President Denise Hewitt 3 Applegate Drive Robbinsville, NJ 08691	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Secretary/Treasurer Louise Froehlich 3 Applegate Drive Robbinsville, NJ 08691	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address with all other like empowered.

SIGNATURE: Denise Hewitt 7/22/03 609-208-1470 X522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)