2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P94000074209** May 08, 2000 8:00 am Secretary of State HUGHES-TAYLOR FLORIST AND CATERING, INCORPORATED 05-08-2000 90173 011 ***158.75 Principal Place of Business Mailing Address 3118 N. PEARL STREET 3118 N. PEARL STREET JACKSONVILLE FL 32206-1948 JACKSONVILLE FL 32206 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3281098 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HUGHES, DEWITT T Street:Address (P:O:Box-Number-is:Not:Acceptable) 3118 N. PEARL STREET JACKSONVILLE FL 32206 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible _10._Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE TITLE HUGHES-TAYLOR, ANNETT B. NAME NAME 441 W. 16TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32206 ANTHONY L HUGHES 3118 N. POARL ST TITLE TITLE TAYLOR, ALBERT NAME NAME 441 W. 16TH ST. STREET ADDRESS STREET ADDRESS JACKSONVILLE IF CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32206 ☐ Delete TITLE Change ☐ Addition TITLE HUGHES, DEWITT T. I NAME NAME STREET ADDRESS .3118 N.-PEARL.ST._-STREET ADDRESS. CITY-ST-ZIP JACKSONVILLE FL 32206 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition HUGHES, DEWITT T. J NAME NAME 3118 N. PEARL ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32206 ANITAL WALTON SD 194 MISTY RIDGE TRAIL Delete Addition ☐ Change TITLE TITLE HUGHES, ANTHONY L. NAME 3118 N. PEARL ST. STREET ADDRESS STOCKBRIDGE, GA 302B1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32206 ALBERT TAYLOR 3122 PEARL ST Change ☐ Addition ☐ Delete TITLE TITLE BAKER, EUGENE NAME NAME JACKSONNUE, F 32206 STREET ADDRESS 3118 N. PEARL ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32206

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: