

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000084607

1. Entity Name

CHIP HUBER, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90118 036 ***150.00

Principal Place of Business

2123 PARTER LAKE DR
UNIT A
SARASOTA FL 34240-5653
US

Mailing Address

2123 PORTER LAKE DR
UNIT A
SARASOTA FL 34240-8854
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0537759

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VOLZ, VIRGINIA C
400 GOLDEN GATE POINT
SUITE 11
SARASOTA FL 34236

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	P	VOLZ, VIRGINIA C.	400 GOLDEN GATE PT #1							
		SARASOTA FL								
	T	VOLZ, DONALD	400 GOLDEN GATE PT #1							
		SARASOTA FL								
	S	HUBER, VICKI	5601 MERRIMAC DRIVE							
		SARASOTA FL 34231								
	VP	HUBER, CHARLES	5601 MERRIMAC DRIVE							
		SARASOTA FL 34231								

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: Vicki L. Huber Wicki L. Huber 4/28/00 941-378-5653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)