

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000044463

1. Entity Name

HUFFMAN-FILZMAIER CORPORATION

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90024 019 ***150.00

Principal Place of Business

Mailing Address

11 42ND AVE. NORTH
SUITE 204
ST. PETERSBURG FL 33713

11 42ND AVE. NORTH
SUITE 204
ST. PETERSBURG FL 33713-8213

2. Principal Place of Business

4155 5th Ave N

3. Mailing Address

4155 5th Ave N

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

St. Petersburg FL

City & State

St. Petersburg FL

4. FEI Number

59-3317690

Applied For

Not Applied

Zip

33713

Country

USA

Zip

33713

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FILZMAIER, PETER
11 42ND AVE. NORTH
SUITE 204
ST. PETERSBURG FL 33713

Name

Peter Filzmaier

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

4155 5th Ave N

City

St. Petersburg

FL

Zip Code

33713

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

TITLE	D	<input type="checkbox"/> Delete
NAME	FILZMAIER, PETER	
STREET ADDRESS	6308 7TH AVE. SOUTH	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUFFMAN, RODNEY A	
STREET ADDRESS	5460 57TH AVE. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, TODD F	
STREET ADDRESS	120 S. HALE ST.	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Filzmaier

Date

2-4-00

Daytime Phone #

(727) 328-7717