

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000045336

1. Entity Name

HAUN SYSTEMS REPAIR, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90077 026 ***150.00

Principal Place of Business

Mailing Address

7210 GARDNER ST
STE 101
WINTER PARK FL 32792
US

7210 GARDNER ST
STE 101
WINTER PARK FL 32792-6619
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 59-3317158

Applied For
Not Applicable

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

HAUNT, GARY S
420 PIEDMONT ST
ORLANDO FL 32806

Name HAUN, GARY S.
Street Address (P.O. Box Number is Not Acceptable) 7210 GARDNER ST, SUITE 101
City WINTER PARK FL Zip Code 32792

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

(NOTE: Registered Agent signature required when reinstating)

1-3-00

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 ☐ Delete
NAME PD
STREET ADDRESS HAUN, GARY S
CITY-ST-ZIP 914 KERWOOD CIRCLE
OVIEDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME STD
STREET ADDRESS HAUN, LINDA M
CITY-ST-ZIP 914 KERWOOD CIRCLE
OVIEDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-00

Date

407-681-6064

Daytime Phone #

CR2E034 19/99