


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2003 8:00 am**  
**Secretary of State**

05-30-2003 90086 018 \*\*\*150.00

|   |  |     |  |   |  |
|---|--|-----|--|---|--|
| <b>DOCUMENT # P95000062138</b>  |  |     |  |                |  |
| 1. Entity Name<br>HUGHES OF ORLANDO, INC.   |  |     |  |   |  |
| Principal Place of Business<br>103 S ORANGE BLOSSOM TRAIL<br>ORLANDO FL 32805   |  |     | Mailing Address<br>103 S ORANGE BLOSSOM TRAIL<br>ORLANDO FL 32805  |   |  |
| 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 <b>59-3328636</b>   |  |
|   |  |     |  | Applied For<br>Not Applicable   |  |
|   |  |     |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 8. Name and Address of Current Registered Agent   |  |     | 7. Name and Address of New Registered Agent  |   |  |
| <b>SOSA, ALVIN D</b><br><b>103 S ORANGE BLOSSOM TRAIL</b><br><b>ORLANDO FL 32805</b>  |  |     | Name   |   |  |
|   |  |     | Street Address (P.O. Box Number is Not Acceptable)   |   |  |
|   |  |     | City   |   |  |
|   |  |     | <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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.   |  |     |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____  |  |     |  |   |  |
| <div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2003 Fee will be \$550.00</b><br/> <b>Make Check Payable to Florida Department of State</b> </div> <div>           9. Election Campaign Financing<br/>           Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>  |  |     |  |   |  |
| 10. OFFICERS AND DIRECTORS  |  |     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>SOSA, ALVIN D</b><br><b>103 S ORANGE BLOSSOM TRAIL</b><br><b>ORLANDO FL 32805</b> <input type="checkbox"/> Delete |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| 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 Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |     |  |   |  |
| SIGNATURE: <i>ALVIN D. SOSA</i>   |  |     | 4-28-03 407-425-9999<br>Date Daytime Phone #   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |     |  |   |  |

CR2E034 (10/02)