

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000079990

1. Entity Name

HAUFFE CONSTRUCTION, INC.

Principal Place of Business

3740 N. BLUE ANGEL PKWY.
PENSACOLA FL 32526

Mailing Address

3740 N. BLUE ANGEL PKWY.
PENSACOLA FL 32526-2436

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

59-3348189

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAUFFE, RANDY
7005 REDONDO DRIVE
PENSACOLA FL 32526

7. Name and Address of New Registered Agent

Name

Hauffe, Randy

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

5447 ABILENE CT.

City

GULF BREEZE FL

Zip Code

32561

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	PTD	<input type="checkbox"/> Delete
NAME	HAUFFE, RANDY	
STREET ADDRESS	7005 REDONDO DRIVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	PAGE, BELINDA	
STREET ADDRESS	7005 REDONDO DRIVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SNELL, JERAMIAH	
STREET ADDRESS	2836 N DAVIS HWY	
CITY-ST-ZIP	PENSACOLA FL	
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hauffe, Randy	
STREET ADDRESS	5447 ABILENE CT.	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE, BELINDA	
STREET ADDRESS	5447 ABILENE CT	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNELL, JERAMIAH	
STREET ADDRESS	1590 ORA DR. LOT 5	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Belinda D. Page
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 2000
Date

850-458-9261
Daytime Phone #

BELINDA D. PAGE V.P.

CR2E034 (9/99)