2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2000 8:00 am
Secretary of State
09-05-2000 90026 047 ***550.00

DOCUMENT # P96000071596

1. Entity Name
HUTMAN MARKETING, CORP.

Principal Place of Business	Mailing Address
10746 NE 4TH AVENUE MIAMI FL 33161	10746 NE 4TH AVENUE MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

	2. Principal Place of Business	3. Mailing Address
Street	14541 STIRRUP LANE	14541 STIRRUP LANE
Suite, Apt. #, etc.	-	-
City & State	WELLINGTON (WPB), FL	WELLINGTON (WPB) FL
Zip	33414	33414
Country	USA	USA

4. FEI Number 65-0981865 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HUTMAN, JACQUELINE
10746 NE 4TH AVENUE
MIAMI FL 33161

7. Name and Address of New Registered Agent

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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	D HUTMAN, JACQUELINE 10746 NE 4TH AVENUE MIAMI FL 33161 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (5/00)

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] REQUIRED — August 21, 2000 — 561.333.4065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #