

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2004 8:00 am
Secretary of State

DOCUMENT # P96 000071596

1. Entity Name

HUTMAN MARKETING CORP.



04-29-2004 90232 043 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14541 STIRRUP LANE

Suite, Apt. #, etc.

3. Mailing Address

14541 STIRRUP LANE

Suite, Apt. #, etc.

City & State

WELLINGTON FL

City & State

WELLINGTON, FL

4. FEI Number

65 0981865

Applied For

Not Applicable

Zip

33414

Country

USA

Zip

33414

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JACQUELINE HUTMAN

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

14541 STIRRUP LANE

City

WELLINGTON

FL

Zip Code

33414

**DO NOT WRITE
IN THIS SPACE**

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

J. Hutman

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

(NOTE: Registered Agent signature required when reinstating)

April 26, 2004

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PRESIDENT
JACQUELINE HUTMAN
14541 STIRRUP LANE
WELLINGTON, FLORIDA 33414

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

SIGNATURE:

J. Hutman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 2004 *561 333 4065*
Date Daytime Phone #

CR2E034B (12/02)