

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90041 011 ***150.00

DOCUMENT # P96000080621

1. Entity Name
HURON COMPANY, INC.

Principal Place of Business

**8610 INDIAN RIDGE TRAIL
 LAKELAND FL 33810**

Mailing Address

**P O BOX 91586
 LAKELAND FL 33804
 US**

DUUJUU4U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7521 FORESTWAY
 Suite, Apt. #, etc.
 City & State
LAKELAND, FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number **59-3403802**

Applied For
 Not Applicable

Zip
33810

Country
POLK

Zip

Country

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

6. Name and Address of Current Registered Agent

**SNYDER, MARK
 8610 INDIAN RIDGE TRAIL
 LAKELAND FL 33810**

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

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, 2002 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 **P** ☐ Delete
 NAME **SYNDER, MARK**
 STREET ADDRESS **8610 INDIAN RIDGE TR.**
 CITY-ST-ZIP **LAKELAND FL 33810**

TITLE **T** ☐ Delete
 NAME **SNYDER, JEAN**
 STREET ADDRESS **4904 30TH ST. CT. EAST**
 CITY-ST-ZIP **BRADENTON FL 34203**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)