## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P97000013093 DOCUMENT #

1. Entity Name

HUHN ENTERPRISES, INC.



## **FILED** Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90009 015 \*\*\*150.00

Principal Place 539 SILK OAK VENICE FL 34: US	DRIVE	Mailing Address 539 SILK OAK DRIVE VENICE FL 34293 US								
2. Principal Pl	lace of Business	3. Mailing Address							7117	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State	e	City & State			<b>4.</b> F	4. FEI Number 65-0829418			Applied For lot Applicable	}
Zip	Country Zip Co			ntry	5. Certificate of Status Desired S8.75 Additional Fee Required					
<del></del> -	6. Name and Address of Curren	t Registered Agent	<u> </u>		7. 1	lame and Address of New Regis	tered Ag	ent		1
	,			Name						-
· · · · · · · · · · · · · · · · · · ·	GRGE R II		Street Address			(P.O. Box Number is Not Acceptable)				
539 SILK			<del></del>							1
VENICE FI	L 34293					····		I =: -		-
				City			FL	Zip Co	de	
	named entity submits this statement fions of registered agent.	or the purpose of changing i	ts register	ed office or registe	ered ag	ent, or both, in the State of Florida.	I am far	niliar with	n, and accept	
SIGNATURE	•									
SIGNATORE .	Signature, typed or printed name of registered agen	t and title if applicable. (NO	OTE: Registere	ed Agent signature requir	ed when re	einstating)	DATE			
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department					Election Campaign Financi     Trust Fund Contribution.	ng 🗆		<b>00</b> May Be ed to Fees	
10.	OFFICERS AND	DIRECTORS	DIRECTORS 11.			DITIONS/CHANGES TO OFFICEF	S AND D	IRECTO	RS IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUHN, GEORGE R II 539 SILK OAK VENICE FL 34293	□ Delete	NAM Stri	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[	Change	☐ Addition	00/01/10/02
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	ME EET ADDRESS (-ST-ZIP				Change		
12. I hereby of indicated of the corchanged,	certify that the information supplied wi on this report or supplemental report poration or the receiver or trusted em- or on an attachment with an address	th this filing does not qualify is true and accurate and tha powered to execute this repo with all other like empowere	for the exe t my signa ort as requi	emption stated in stated in state shall have the ired by Chapter 60	Section e same 07, Flori	119.07(3)(i), Florida Statutes. I furt legal effect as if made under oath; da Statutes; and that my name ap	her certif that I am bears in I	y that the an office Block 10	information er or director or Block 11 if	

SIGNATURE: