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## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment wit

SIGNATURE:

## May 01, 2001 8:00 am DOCUMENT # P9700062394 Secretary of State HUCKABEE INVESTMENT PLANNING SERVICES, INC. 05-01-2001 90053 034 \*\*\*150.00 Principal Place of Business Mailing Address 123 ZELMA ST. 123 ZELMA ST. SUITE A SUITE A 754316 ORLANDO FL 32803-3832 ORLANDO FL 32803-3832 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3498427 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HUCKABEE, CHARLES C 611 N WYMORE RD STE 98 SUITE 98 WINTER PARK FL 32789 or the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity sub-SIGNATURE (NOTE: Registered Agent signature required when reinstating) of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Delete TITLE HUCKABEE, CHARLESC TITLE HUCKABEE, CHARLES C NAME NAME 123 ZELMA STREET, SUITE A STREET ADDRESS STREET ADDRESS 611 N. WYMORE ROAD, SUITE 98 ORLANDO, FL 32803-3832 CITY-ST-ZIP CITY-ST-ZIP **WINTER PARK FL 32789-2848** ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP:-CITY-ST-ZIP-☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 poor is true and occurate 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 instead on this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR