

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90215 040 ***150.00

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DOCUMENT # P97000062394

1. Entity Name

HUCKABEE INVESTMENT PLANNING SERVICES, INC.



Principal Place of Business

**123 ZELMA ST.
SUITE A
ORLANDO FL 32803-3832
US**

Mailing Address

**805 DOUGLAS AVE
STE 159
ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

805 Douglas Ave. Ste 159

3. Mailing Address

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

Zip

32714

Country

USA

Zip

32714

Country

USA

4. FEI Number

59-3498427

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HUCKABEE, CHARLES C
123 ZELMA STREET
STE A
ORLANDO FL 32803-3832**

old Address

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 ☐ Delete
NAME **D**
STREET ADDRESS **HUCKABEE, CHARLES C**
CITY-ST-ZIP **123 ZELMA STREET STE A
ORLANDO FL 32803-3832**

TITLE ☐ Delete
NAME **Huckabee, Charles C**
STREET ADDRESS **805 Douglas Ave. Ste 159**
CITY-ST-ZIP **Altamonte Springs, FL 32714**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03

Date

407-389-1702

Daytime Phone #

CR2E034 (10/02)