

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098523

1. Entity Name
HUGHCO SALES COMPANY

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90025 046 ***150.00

Principal Place of Business Mailing Address
401 NW 3RD AVE 401 NW 3RD AVE
OCALA FL 34470 OCALA FL 34475-8819



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3479227** Applied For
Not Applicable

Zip **34475** Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CURRY, MICHAEL B
401 NW 3RD AVE
OCALA FL 34470

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code **34475**

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 *M. B. Curry, Pres* DATE **1-6-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P CURRY, MICHAEL 401 NW 3RD AVE OCALA FL 34470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	ZIP 34475
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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: *M. B. Curry, Pres* **MICHAEL B. CURRY** DATE: **1-6-00** DAYTIME PHONE #: **352-369-8298**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR