

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90237 031 \*\*\*150.00

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

DOCUMENT # P 98000002532

1. Entity Name  
 Two Huts, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
 1620 Gulf of Mexico Drive

3. Mailing Address  
 c/o Stephen J. Mitchell

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
 201 N. Franklin St., Suite 2100

DO NOT WRITE IN THIS SPACE

City & State Longboat Key, FL

City & State Tampa, FL

4. FEI Number 650809841

Applied For  
 Not Applicable

Zip 34228

Country USA

Zip 33602

Country USA

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

**DO NOT WRITE  
 IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Dr. Murray J. Klauber

Street Address (P.O. Box Number is Not Acceptable)

1620 Gulf of Mexico Drive

City Longboat Key

FL

Zip Code 34228

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)

January 1 - May 1, Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | Director/President/Secretary/Treasurer<br>Dr. Murray J. Klauber<br>1620 Gulf of Mexico Drive<br>Longboat Key, FL 34228 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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**DO NOT WRITE  
 IN THIS SPACE**

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 authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attached supplemental report, with all offices held, if any, as shown.

SIGNATURE: *Dr. Murray J. Klauber* Dr. Murray J. Klauber, President

(941) 383-7419

CR2E034B (12/01)