

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043468

1. Entity Name

R. HUBER OF LOL, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90164 022 ***150.00

Principal Place of Business

4222 LAND O'LAKES BLVD.
LAND O'LAKES FL 34639

Mailing Address

4222 LAND O'LAKES BLVD.
LAND O'LAKES FL 34639

2. Principal Place of Business

3508 Land O Lakes Blvd
Suite, Apt. #, etc.
Land O Lakes FL

3. Mailing Address

3508 Land O Lakes Blvd
Suite, Apt. #, etc.
Land O Lakes FL



DO NOT WRITE IN THIS SPACE

City & State

Land O Lakes FL
Zip 34639 Country USA

City & State

Land O Lakes FL
Zip 34639 Country USA

4. FEI Number 59-3511535

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUBER, ROBERT D
3508 LAND O LAKES BLVD
LAND O'LAKES FL 34639

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HUBER, ROBERT D	
STREET ADDRESS	3508 LAND O LAKES BLVD	
CITY-ST-ZIP	LAND O'LAKES FL 34639	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

Robert D. Huber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-01

813 996-3115

Date

Daytime Phone #

CR2E034 (10/00)