## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P9800046106 1. Entity Name FILED Jun 14, 2000 8:00 am Edward + Patricia Hueter, P.A. **Secretary of State** 06-14-2000 90004 028 \*\*\*150.00 Principal Place of Business 124 Palmetto Dunes Circle. Naples, Florida 34113 00064296 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite Apt # etc. Suite, Apt. #, etc. 4. FEI Number 59-3516832 City & State Applied For City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Edward Hueter Jr. Street Address (P.O. Box Number is Not Acceptable) 124 Palmetto Dunes Circle Naples, Florida 34113 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible. 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Edward Hueter Jr. Delete ■ Addition TITLE TITLE NAME 124 Palmetto Dunes Circle STREET ADDRESS STREET ADDRESS Naples, Florida 34113 CITY-ST-ZIP CITY-ST-ZIP Patricia Hueter ☐ Addition Change TITLE NAME 104 Palmetto Dunes Circle STREET ADDRESS STREET ADDRESS Naples, Florida 34113 CITY-ST-ZIP TITLE ☐ Change ☐ Addition 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-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS COTO: ET ZIP CITY-ST-ZIP Change | ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS II. 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 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:

Changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE and Typed or Privated Name of sugging Officer or director.

Date Daytime Phone # 054