

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054640

1. Entity Name

HUFFMAN/TARMEY ARCHITECTURE, P.A.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90033 035 ***150.00

Principal Place of Business

Mailing Address

1790 MARSTON PLACE
TALLAHASSEE FL 32312

1790 MARSTON PLACE
TALLAHASSEE FL 32312-3424

2. Principal Place of Business

3. Mailing Address

450 Saint Francis Street

450 Saint Francis Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3533973

Applied For

Not Applicable

Zip

32301

Country

USA

Zip

32301

Country

USA

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

HUFFMAN, CRAIG D
1790 MARSTON PLACE
TALLAHASSEE FL 32312

Name

Huffman, Craig D.

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

450 Saint Francis Street

City

Tallahassee

FL

Zip Code
32301

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

Craig Huffman

4-28-00

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, 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

TITLE PD
NAME HUFFMAN, CRAIG D
STREET ADDRESS 1790 MARSTON PLACE
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE
NAME
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP

TITLE VSTD
NAME TARMEY, MARK A
STREET ADDRESS 2006 E. FOREST DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE
NAME
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP

TITLE
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STREET ADDRESS ☐ Delete
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS ☐ Change ☐ Addition
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 lines empowered.

SIGNATURE:

Craig Huffman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

(850) 222-0084

Daytime Phone #

CR2E034 (9/99)