

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070282

1. Entity Name

NANCY HUNN, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90165 019 ***150.00

Principal Place of Business

Mailing Address

~~5113 JULES VERNE ST.~~
~~TAMPA FL 33611~~

~~5113 JULES VERNE ST.~~
~~TAMPA FL 33611~~

2. Principal Place of Business

3. Mailing Address

6515 W. Clifton Street

1920 W. Cluster Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

Country

33634

USA

Zip

Country

33604

USA

4. FEI Number

59-3531210

Applied For

Not Applicable

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

HUNN, NANCY

~~5113 JULES VERNE ST.~~
~~TAMPA FL 33611~~

Name

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

1920 W. Cluster Avenue

City

Tampa

FL

Zip Code

33604

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, 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **HUNN, NANCY**
 CITY-ST-ZIP **5113 JULES VERNE ST.**
TAMPA FL 33611

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1920 W. Cluster Avenue**
 CITY-ST-ZIP **Tampa, FL 33604**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **VICE-PRESIDENT**
 STREET ADDRESS **LISA M. MAZZA**
 CITY-ST-ZIP **6515 W. Clifton Street**
TAMPA, FLA. 33634

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2000 (813) 915-9252

Date

Daytime Phone #