## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 15, 2000 8:00 am Secretary of State DOCUMENT # **P98000083855** 1. Entity Name G.J. HUTTON CONTRACTORS, INC. 05-15-2000 90169 032 \*\*\*150.00 Principal Place of Business Mailing Address 115 LITHIA RD 115 LITHIA RD. BRANDON FL 33511 BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3532494 Not Applicable Zip Country 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 SMITH, TOM Street Address (P.O. Box Number is Not Acceptable) 1800-W\_PLATT STREET-SUITE #3 SUITE #3 TAMPA FL 33606 Zip Code 3360k 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition **PVST** Change TITLE TITLE Delete HUTTON GEORGE J 115 LITHIA RD HUTTON, GEORGE J NAME MAME STREET ADDRESS 115 LITHIA RD STREET ADDRESS BRANDON FI 33511 CITY-ST-ZIP **BRANDON FL 33511** CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE **HUTTON, SHERRI** NAME STREET ADDRESS STREET ADDRESS 115 LITHIA RD CITY-ST-ZIP **BRANDON FL 33511** CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change ( Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information is and that my signature shall have the same legal effect as if made under oath; that I am an officer or director this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 I hereby certify that the information supplied with this filing does not indicated on this report or supplemental report is true and accurate of the corporation or the receiver or trustee empowered to execute the corporation or the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the receiver of trustee empowered to execute the corporation of the corpora changed, or on an attachment with