

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090215

1. Entity Name

LOUIS & MARY HUNTLEY, INC.

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90032 031 \*\*\*550.00

Principal Place of Business

104 MILWAUKEE AVENUE  
ORANGE PARK FL 32073

Mailing Address

104 MILWAUKEE AVENUE  
ORANGE PARK FL 32073

2. Principal Place of Business

Louis & Mary Huntley, Inc.

3. Mailing Address

Louis & Mary Huntley, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1890 Kingsley Ave., Suite 102

1890 Kingsley Ave., Suite 102

City & State

City & State

Orange Park, FL

Orange Park, FL

Zip

Zip

Country

32073

32073

4. FEI Number

59-3538801

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUNTLEY, LOUIS L  
104 MILWAUKEE AVENUE  
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name

Huntley, Louis L.

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

1890 Kingsley Ave., Suite 102

City

Orange Park

FL

Zip Code

32073

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	P	<input type="checkbox"/> Delete
NAME	HUNTLEY, LOUIS L	
STREET ADDRESS	104 MILWAUKEE AVENUE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	V	<input type="checkbox"/> Delete
NAME	HUNTLEY, MARY W	
STREET ADDRESS	104 MILWAUKEE AVENUE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HUNTLEY, L. WARD	
STREET ADDRESS	3900 MCGIRTS BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	
STREET ADDRESS	
CITY-ST-ZIP	
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	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-13-00