

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #. P98000096692

1. Entity Name

THE CURT HUBBARD COMPANY

FILED

May 11, 2000 8:00 am
Secretary of State

05-11-2000 90005 023 ***150.00

B0090407

DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address	
3745 ST JOHNS INDUSTRIAL PKWY Suite, Apt. #, etc.		3745 ST JOHNS INDUSTRIAL PKWY Suite, Apt. #, etc.	
JACKSONVILLE FL City & State		JACKSONVILLE FL City & State	
Zip	Country	Zip	Country
32246	USA	32246	USA

4. FEI Number	59- 3543781	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

NOE, WILLIAM G. JR.
599 ATLANTIC BLVD.
SUITE 6
ATLANTIC BCH, FL 32233

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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.

APPENDIX

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME	STREET ADDRESS	CITY	ST	ZIP	TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP	Change	Addition	
PSTD HUBBARD, CURT	3745 ST JOHNS INDUSTRIAL Pkwy WEST	JACKSONVILLE	FL	32246	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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					<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 supplement, report, or true and correct copy of the corporation or partnership agreement, or on an affidavit, 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 partnership, or an authorized signatory, and that I am authorized 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 affidavit, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/K (904) 645-7880