

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104508

1. Entity Name
HUESING ENTERPRISES, INC.

Principal Place of Business
**750 N.E. JENSEN BEACH BLVD.
JENSEN BEACH FL 34957**

Mailing Address
**750 N.E. JENSEN BEACH BLVD.
JENSEN BEACH FL 34957-4754**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0877851**

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

**HUESING, ANN
750 N.E. JENSEN BEACH BLVD.
JENSEN BEACH FL 34957**

Name

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

City

FL

Zip Code

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 _____ (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 **D** ☐ Delete
NAME **HUESING, ANN**
STREET ADDRESS **675 N.E. WAX MYRTLE WAY**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE ☐ Change ☐ Addition
NAME **600003361626-3**
STREET ADDRESS **-08/18/00--01020--004**
CITY-ST-ZIP ******150.00 ****150.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: **Ann Huesing**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00 **561-225-3557**
Date Daytime Phone #

10f2

FILED

00 AUG -2 AM 8:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/99)

2052
750 N.E. JENSEN BEACH
JENSEN BEACH, FL 34957
561-225-3557
FAX 561-225-8699
E-MAIL atlanta@atlantic.net

Huesing Enterprises, Inc.


July 25, 2000

Department of State
Division of Corporations
Annual Reports Filings
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

On 4-28-2000 I mailed the 2000 (UBR) and the check for \$150.00 to the P.O. Box 1500, Tallahassee, Florida 32302. Last week it was returned by the US mail undelivered. I called your office and they gave me a new P.O. Box 6327, Tallahassee, Florida 32314. Your office advised to resend back to you at the new address and explain what happened. If you should need to call me the phone numbers are at the right hand corner of this letter head.

Sincerely,



Ann Huesing
Ann Huesing
President

HAVE A HAPPY DAY!