

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/1

DOCUMENT # P99000027358

1. Entity Name

HUGHES BLACK IMPROVEMENTS, INC.

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90048 014 \*\*\*150.00

Principal Place of Business  
14871 HUGHES BLACK ROAD  
NORTH FORT MYERS FL 33917

Mailing Address  
14871 HUGHES BLACK ROAD  
NORTH FORT MYERS FL 33917-5919



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  
65-0954527  
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

BRANSFIELD, DENISE S  
14871 HUGHES BLACK ROAD  
NORTH FORT MYERS FL 33917

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

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	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
	Pres	William Bransfield 14871 Hughes Black Rd N Ft Myers, FL 33917	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Additio
	VP	Denise Bransfield 14871 Hughes Black Rd N Ft Myers, FL 33917	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Additio

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 #

1/28/00 941-543-1864