2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000042826** Mar 21, 2000 8:00 am **Secretary of State** HUGHES BUSINESS VENTURES, INC. 03-21-2000 90101 015 ***150.00 Principal Place of Business Mailing Address 8122 FAIRWAYS CIR., R202 8122 FAIRWAYS CIR., R202 OCALA FL 34472-8579 OCALA FL 34472 Mailing Address 568 Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. A CIRCLÉ Applied For 4. FEI Number Not Applicable で いれ れ \$8.75 Additional 5. Certificate of Status Desired Fee Required 7 Name and Address of New Registered Agent Name and Address of Current Registered Agent HUGHES, RICHARD S Box Number is Not Acceptable 8122 FAIRWAYS CIR., R202 **OCALA FL 34472** 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 DATE (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRESIDENT Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE NAME ΝΔΜΕ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP 13. Thereby 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