

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070256

1. Entity Name  
BRYAN C. HUGO, P.A.

Principal Place of Business Mailing Address  
174 PROMENADE CIRCLE 174 PROMENADE CIRCLE  
HEATHROW FL 32746 HEATHROW FL 32746

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

FILED  
00 NOV 30 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT 00

4. FEL Number Applied For  
59-3596794 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUGO, BRYAN C  
174 PROMENADE CIRCLE  
HEATHROW FL 32746

7. Name and Address of New Registered Agent

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 *Bryan C. Hugo* DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>BRYAN C. HUGO</i> <i>174 PROMENADE CIR.</i> <i>HEATHROW FL 32746</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>800003493378--0</i> <i>-12/11/00--01039--018</i> <i>****750.00 ****750.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT/SECRETARY</i> <i>AND SOLE DIRECTOR</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Bryan C. Hugo* Date: *10/11/00* Daytime Phone #: *407-444-5276*

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CR2E034 (5/00)