

# 2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # P99000084945

1. Entity Name

HUN-HO 184, INC.

AMENDED

Principal Place of Business

Mailing Address

5802 N. Armenia Avenue, Bldg. 6  
Tampa, FL 33603

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

59-3600700

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Robert L. Shear, P.A.  
2790 Sunset Point Road  
Clearwater, FL 33759

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT)

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, 2001

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

TITLE PD  
NAME Mark Long  
STREET ADDRESS 5802 N. ARmenia Ave. Bldg. 6  
CITY-ST-ZIP Tampa, FL 33603 ☐ Delete

TITLE  
NAME S/T/D Deryk Hayden  
STREET ADDRESS 2819 Bermuda Avenue N.  
CITY-ST-ZIP Apopka, FL 32703-5965 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP/D  
NAME Marc St. Pierre  
STREET ADDRESS 5802 N. Armenia Ave., Bldg. 6  
CITY-ST-ZIP Tampa, FL 33603 ☐ Change ☒ Addition

TITLE  
NAME WP/D William J. Connors  
STREET ADDRESS 5802 N. Armenia Ave., Bldg. 6  
CITY-ST-ZIP Tampa, FL 33603 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
500004218825--5  
-05/16/01--01007--001  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

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

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

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

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 no 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

MARIE LONG

Date

Daytime Phone #

4/24/01

CR2E034 (11/00)