

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90945 017 ***150.00

DOCUMENT # *P99000088462*

1. Entity Name

Hughes Plumbing Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Hughes Plumbing Inc.

Hughes Plumbing Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

911 Hibiscus

P.O. BOX 2469

City & State

City & State

Bunnell, FL

BUNNELL, FL

Zip

Country

Zip

Country

32110 USA

USA

32110

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

59-3601204

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<i>Director</i>
NAME	<i>Norman L. Hughes</i>
STREET ADDRESS	<i>P.O. BOX 2469</i>
CITY-ST-ZIP	<i>BUNNELL, FL 32110</i>
TITLE	<i>Director</i>
NAME	<i>Lucky L. Hughes</i>
STREET ADDRESS	<i>4601 Clyde Morris Blvd</i>
CITY-ST-ZIP	<i>Daytona Beach, FL 32129</i>
TITLE	<i>Director</i>
NAME	<i>Alice C. Hughes</i>
STREET ADDRESS	<i>4601 Clyde Morris Blvd.</i>
CITY-ST-ZIP	<i>Daytona Beach, FL 32129</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lucky L. Hughes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lucky L. Hughes 4-12-03 (386) 437-2702
Date Daytime Phone #

CR2E034B (12/02)