

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 11, 2000 8:00 am
Secretary of State

04-04-2000 90015 033 ***150.00

DOCUMENT # 529963
 1. Entity Name Hughes Insurance, Inc. ✓

Principal Place of Business 220 S. Berner Rd. Clewiston, Fla. 33440
 Mailing Address 220 S. Berner Rd. Clewiston, Fla. 33440

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

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Kathleen A. Hughes
910 Fairlington Dr NE
Lakeland, Fla. 33813

4. FEI Number 105-0241527
 Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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. (NOTE: Registered Agent signature required when reinstalling) 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	<u>John Hughes</u> <u>910 Fairlington DR</u> <u>Lakeland, Fla.</u> <input type="checkbox"/> Delete <u>V. Pres</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Kathleen Hughes</u> <u>910 Fairlington Dr.</u> <u>Lakeland, Fla.</u> <input type="checkbox"/> Delete <u>Pres</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: J. Hughes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 3/22/00 Daytime Phone # 941-646-1958
941-983-8179

CR2E034 (9/99)