

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V36326

1. Entity Name

HUGHTONE INDUSTRIES, INC.

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90156 029 ***550.00

Principal Place of Business

5151 SUNBEAM RD.
UNIT 22
JACKSONVILLE FL 32257
US

Mailing Address

5151 SUNBEAM RD
UNIT 22
JACKSONVILLE FL 32257
US

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

59-3153211

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

7. Name and Address of New Registered Agent

HUGHETT, PAUL

~~4540 CAROLYN COVE~~
~~JACKSONVILLE FL 32250~~

344 S. CHECKERBERRY WAY
32259

Name

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

344 S. CHECKERBERRY WAY

City

JACKSONVILLE

FL

Zip Code

32259

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 reinstating)

DATE

7/18/00

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 \$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 ☐ Delete
NAME D
STREET ADDRESS HUGHETT, PAUL
CITY-ST-ZIP 4540 CAROLYN COVE
JACKSONVILLE FL

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

TITLE ☐ Delete
NAME HUGHETT, LOUISE E.
STREET ADDRESS 344 S. CHECKERBERRY WAY
CITY-ST-ZIP JACKSONVILLE, FL. 32259

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/00

904-730-5151

Date

Daytime Phone #

CR2EX34: (1/9/00)