

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90056 047 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # V36326

1. Entity Name
HUGHTONE INDUSTRIES, INC.

Principal Place of Business Mailing Address

**5151 SUNBEAM RD.
UNIT 22
JACKSONVILLE FL 32257
US**

**5151 SUNBEAM RD
UNIT 22
JACKSONVILLE FL 32257
US**

2. Principal Place of Business **RD** 3. Mailing Address **344 S. CHECKERBERRY WAY**

2745-1 INDUSTRY CENTER Suite, Apt. #, etc.

ST. AUGUSTINE Suite, Apt. #, etc.

City & State **FL.** City & State **JACKSONVILLE, FL.**

Zip **32084-0510** Country **ST. JOHN** Zip **32259** Country **ST. JOHN**

4. FEI Number **59-3153211** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

**HUGHETT, PAUL
344 S HECKBERRY WAY
JACKSONVILLE FL 32259**

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 *Paul Hughett* DATE 1/05/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUGHETT, PAUL		NAME	
STREET ADDRESS 344 S CHECKER BERRY WAY		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32259		CITY-ST-ZIP	
TITLE Sec. & Treas.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOUISE E. HUGHETT		NAME	
STREET ADDRESS 344 S. CHECKERBERRY WAY		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL. 32259		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Paul Hughett* Date 1/05/01 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)