2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 632298 1. Entity Name HOPPING GREEN SAMS & SMITH PROFESSIONAL ASSOCIAT					FILED Feb 11, 2000 8:00 am Secretary of State 02-11-2000 90035 010 ***150.00				
Principal Place	of Business	Mailing Address							
123 SOUTH CALHOUN STREET P. O. BOX 6526 TALLAHASSEE FL 32314-6526		123 SOUTH CALHOUN STREET P. O. BOX 6526 TALLAHASSEE FL 32314-6526		,		(b)(\$ (1815)(8)5 (5)61 (8)	Britis popul diās) biblis A	(8)) BJST (88)	
2. Principal Place of Business		3. Mailing Address		-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE II	N THIS SPACE		
City & State		City & State		4. FE	l Number	58-1370391	├ ──	applied For Not Applicable	
Zip	Country	Zip .	Country	5. Ce	ertificate of S	Status Desired	S8.75 Ac Fee Requir		
	6. Name and Address of Current	Registered Agent	- Name	7. Na	me and Ad	dress of New Regi	stered Agent		
MELSON, RICHARD D. 123 SOUTH CALHOUN ST TALLAHASSEE FL 32301				s (P.O. Bo	Number is	Not Acceptable)	Zip Co	de	
9. This corpo	Signature, typed or printed name of registered agent ration is eligible to satisfy its intangible aguirement and elects to do so.			,	10. Election	on Campaign Financ		00 May Be	
11.	OFFICERS AND	DIRECTORS	12.	ADD	ITIONS/CH	ANGES TO OFFICE	RS AND DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS ' CITY-ST-ZIP	V SAMS, GARY P. 123 SO. CALHOUN ST.	SAR LISE ON 1° A 1° 20° □ Deleje	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOPPING, WADE L. 123 SO. CALHOUN ST. TALLAHASSEE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		_		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	S BIBEAU, BRIAN H.	☐ Delete	TITLE NAME STREET ADDRESS		- 		Change	Addition	
CITY-ST-ZIP	123 SOUTH CALHOUN ST TALLAHASSEE FL 32301		CITY-ST-ZIP				<u> </u>		
TITLE NAME STREET AODRESS CITY-ST-ZIP	V GREEN, WILLIAM H. 123 SO. CALHOUN ST. TALLAHASSEE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MELSON, RICHARD D. 123 SO. CALHOUN ST. TALLAHASSEE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby of	ertify that the information supplied wit	□ Delete □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP e exemption stated in	Section 1	19.07(3)(i)	Florida Statutes. } fin	☐ Change		

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. PSE ON THE BECRUMRODD. MELION

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: