FILED

Feb 11, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J05484 **Secretary of State** 1. Entity Name 02-11-2002 90084 012 ***150.00 HOBIE BUILDERS, INC. Mailing Address Principal Place of Business % WINANDUS H. HOEBEN % WINANDUS H. HOEBEN 351 FAIRMONT TERR 351 FAIRMONT TERR PORT CHARLOTTE FL 33954 PORT CHARLOTTE FL 33954 2. Principal Place of Business 3. Mailing Address HOEBEN WINITENELUS WINANDUS H. Suite, Apt. #_ etc. DO NOT WRITE IN THIS SPACE 379 FAIRMONT TERR City & State PORT CHARLOTTE FL 4. FEI Number Applied For 59-2654843 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOEBEN, WINANDUS H Street Address (P.O. Box Number is Not Acceptable) 3次·39F FAIRMONT TERR PORT CHARLOTTE FL 33954 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. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01) ☐ Addition TITLE TITLE **PDST** ☐ Delete NAME HOEBEN, WINANDUS H. NAME 357 FAIRMONT TERR 379 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE FL 33954 ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered