

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90353 008 ***150.00

DOCUMENT #

1. Entity Name

Hobeco, Inc.

DO NOT WRITE IN THIS SPACE

80126224

2. Principal Place of Business

219 MARINO AVE

Suite, Apt. #, etc.

3. Mailing Address

219 MARINO AVE.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

65-0022240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Beverly Sullivan

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

219 MARINO AVE.

City

SARASOTA

FL

Zip Code

34243

**DO NOT WRITE
IN THIS SPACE**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6-19-02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	<i>President</i>
NAME	<i>Beverly Sullivan</i>
STREET ADDRESS	<i>219 MARINO AVE.</i>
CITY-ST-ZIP	<i>SARASOTA, FL 34243</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<i>Vice President</i>
NAME	<i>Holly Devonshire</i>
STREET ADDRESS	<i>219 MARINO AVE.</i>
CITY-ST-ZIP	<i>SARASOTA, FL 34243</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

June 19, 2002

Hobeco, Inc.
219 Marino Ave.
Sarasota, Fl. 34243

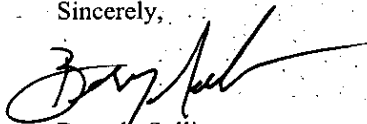
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500

To Whom It May Concern:

Hobeco, Inc. has moved its corporate office from 3230 S. Tamiami Trail, Sarasota, Fl. 34239 to 219 Marino Ave. Sarasota, Fl. 34243. Hobeco did not receive this years UBR Report due to the fact that we moved on August 31, 2001. I notified your office in Tallahassee this month and was told to go on line and print out a report to mail in. I was instructed to mail in a check in the amount of \$150.00 due to our change of address and having not received a renewal notice.

Please contact me at 941-330-8950 if there is any problem with this filing. Thank you for your consideration.

Sincerely,



Beverly Sullivan

Attachment
FEI#

65-0022240
B0126224