

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90158 032 ***150.00

DOCUMENT # P01000106875

1. Entity Name
T. HOBBS CONSULTING, INC.

Principal Place of Business Mailing Address
822 CAMARGO WAY 822 CAMARGO WAY
UNIT 307 UNIT 307
ALTAMONTE SPRING FL 32714 ALTAMONTE SPRING FL 32714

0000-6512



2. Principal Place of Business 3. Mailing Address
206 W. CALHOUN ST. 206 W. CALHOUN ST.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State PLANT CITY, FL	City & State PLANT CITY, FL	4. FEI Number 59-3755636	Applied For <input type="checkbox"/>
Zip 33566	Zip 33566	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Country USA	Country USA		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
SPIEGEL & UTRERA, P.A.	Name	
1840 SW 22ND ST.	Street Address (P.O. Box Number is Not Acceptable)	
4TH FLOOR		
MIAMI FL 33145	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 *Timothy C. Hobbs* DATE 4/5/02
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)

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 \$150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD HOBBS, TIMOTHY 822 CAMARGO WAY ALTAMONTE SPRING FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SINGH, MINI N 822 CAMARGO WAY ALTAMONTE SPRING FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Timothy C. Hobbs* DATE 4/5/02 DAYTIME PHONE # 813-754-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)