

**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 <b>PLANT CITY, FL</b>	City & State <b>PLANT CITY, FL</b>	4. FEI Number <b>59-3755636</b>	Applied For <input type="checkbox"/>
Zip <b>33566</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	Not Applicable

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>	
<b>SPIEGEL &amp; UTRERA, P.A.</b>	Name	
<b>1840 SW 22ND ST.</b>	Street Address (P.O. Box Number is Not Acceptable)	
<b>4TH FLOOR</b>	City	
<b>MIAMI FL 33145</b>	<b>FL</b>	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)

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	<b>PTD HOBBS, TIMOTHY 822 CAMARGO WAY ALTAMONTE SPRING FL 32714</b> <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	<b>SD SINGH, MINI N 822 CAMARGO WAY ALTAMONTE SPRING FL 32714</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	..... <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)