

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 378540

1. Entity Name

HOBELMANN, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90075 001 ***150.00

Principal Place of Business

Mailing Address

~~1740-21 STREET NORTH~~
~~PETERSBURG FL 33713~~

~~1740-21 STREET NORTH~~
~~ST PETERSBURG FL 33713~~

11234 54 Ave N.
ST. Petersburg FL 33708

11234 54 Ave N.
ST. Petersburg FL 33708

2. Principal Place of Business

11234-54 Av. N.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG FL.

City & State

4. FEI Number

59-1324183

Applied For

Not Applicable

Zip

Country

Zip

Country

33708

PINELLAS

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

HOBELMANN, STEPHEN

~~1740-21 STREET NORTH~~

ST PETERSBURG FL 33713

11234 54 Ave N
33708

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, 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, 2000 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 PD ☐ Delete
NAME HOBELMANN, STEPHEN
STREET ADDRESS ~~1740-21 STREET NORTH~~ 11234 54 Ave N
CITY-ST-ZIP ST. PETERSBURG FL 33708

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TS ☐ Delete
NAME HOBELMANN, STEPHEN
STREET ADDRESS ~~1740-21 STREET NORTH~~ 11234 54 Ave N
CITY-ST-ZIP ST. PETERSBURG FL 33708

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME HOBELMANN, CAROLE
STREET ADDRESS ~~1740-21 STREET NORTH~~ 11234 54 Ave N
CITY-ST-ZIP ST. PETERSBURG FL 33708

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

27 FEB 00 727-319-9625

CR2E034 (9/99)