

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90086 009 ***150.00

DOCUMENT # 378540

1. Entity Name

HOBELMANN, INC.

Principal Place of Business

**11234 54 AVE N
 SAINT PETERSBURG FL 33708**

Mailing Address

**11234 54 AVE N
 SAINT PETERSBURG FL 33708**

2. Principal Place of Business

1004 SW 113 Way

3. Mailing Address

1004 SW 113 Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville FL

City & State

Gainesville FL

Zip

32607

Country

Alachua

Zip

32607

Country

Alachua

4. FEI Number

59-1324183

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

HOBELMANN, STEPHEN

11234 54 AVE N

SAINT PETERSBURG FL 33708

7. Name and Address of New Registered Agent

Name

Stephen Hobelmann

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

1004 SW 113 Way

City

Gainesville

FL

Zip Code

32607

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, 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

TITLE	PD	☐ Delete
NAME	HOBELMANN, STEPHEN	
STREET ADDRESS	11234 54 AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33708	
TITLE	TS	☐ Delete
NAME	HOBELMANN, STEPHEN	
STREET ADDRESS	11234 54 AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33708	
TITLE	VPD	☐ Delete
NAME	HOBELMANN, CAROLE	
STREET ADDRESS	11234 54 AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33708	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	1004 SW 113 Way	
CITY-ST-ZIP	Gainesville FL 32607	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	1004 SW 113 Way	
CITY-ST-ZIP	Gainesville FL 32607	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	1004 SW 113 Way	
CITY-ST-ZIP	Gainesville FL 32607	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-02

352-331-5806

Date

Daytime Phone #

CR2E034 (9/01)