

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 691704

1. Entity Name

THE HOBNOBBERS, INC.

Principal Place of Business

3344 EDGEWATER DRIVE
ORLANDO FL 32804

Mailing Address

3344 EDGEWATER DRIVE
ORLANDO FL 32804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2203646

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUSZYNSKI, STEPHENY
1244 HENRY BALCH DR
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

M McNATT SHARON

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

5544 STULL AVE

City

ORLANDO

FL

Zip Code

32810

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 *Sharon Y. McNatt*
Signature, typed or printed name of registered agent and title if applicable.

Secretary
(NOTE: Registered Agent signature required when reinstating)

4-01-01
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, 2001 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 ☒ Delete
NAME P
STREET ADDRESS DUSZYNSKI, STEPHENY
CITY-ST-ZIP 1244 HENRY BALCH DR
ORLANDO, FL 00000

TITLE ☐ Delete
NAME S
STREET ADDRESS MCNATT, SHARON
CITY-ST-ZIP 5544 STULL AVE
ORLANDO, FL 00000

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
CITY-ST-ZIP

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

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

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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: *SHARON Y. MCNATT*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-01
Date

407-843-3388
Daytime Phone #

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90104 011 ***150.00

939240



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)