

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90058 019 ****61.25

DOCUMENT # 718000

1. Entity Name

VOITURE 541, 40&8, INCORPORATED

Principal Place of Business

C/O JACK F. HOPKINS
 2120 MORNINGSID DRIVE
 SAFETY HARBOR FL 34695

Mailing Address

C/O JACK F. HOPKINS
 2120 MORNINGSID DRIVE
 SAFETY HARBOR FL 34695

2. Principal Place of Business

c/o Jack F. Hopkins

3. Mailing Address

c/o Jack F. Hopkins

Suite, Apt. #, etc.

1285 Mission Hills Blvd

Suite, Apt. #, etc.

1285 Mission Hills Blvd

City & State

Clearwater Fl

City & State

Clearwater Fl

Zip

33759-2748

Country

Pinellas

Zip

33759-2748

Country

Pinellas

4. FEI Number

23-7371660

Applied For

Not Applicable

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

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

JACK F. HOPKINS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Jack F. Hopkins

4/14/01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SRA** ☐ Delete
 NAME **HOPKINS, JACK F.**
 STREET ADDRESS **2120 MORNINGSID DRIVE**
 CITY-ST-ZIP **SAFETY HARBOR FL**

TITLE **S/D** ☒ Change ☐ Addition
 NAME **Hopkins, Jack F.**
 STREET ADDRESS **1285 Mission Hills Blvd**
 CITY-ST-ZIP **Clearwater, Fl 33759**

TITLE **TD** ☐ Delete
 NAME **PETTIBONE, JOHN**
 STREET ADDRESS **3160 CHAMBLEE LANE**
 CITY-ST-ZIP **CLEARWATER FL**

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

TITLE **D** ☐ Delete
 NAME **FENSCH, WILLIAM**
 STREET ADDRESS **2855 SARAH DRIVE**
 CITY-ST-ZIP **CLEARWATER FL**

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

TITLE **D** ☒ Delete
 NAME **HARRINGTON, DONALD SR.**
 STREET ADDRESS **2743 NAVAL DR.**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **P/D** ☐ Change ☒ Addition
 NAME **Chambers, Henry**
 STREET ADDRESS **10285 127th Pl N**
 CITY-ST-ZIP **Largo Fl 33773**

TITLE **P** ☐ Delete
 NAME **JEDREY, EDWARD C.**
 STREET ADDRESS **13237 87TH PLACE NO.**
 CITY-ST-ZIP **SEMINOLE FL**

TITLE **D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **MOSES, HENRY SR**
 STREET ADDRESS **1848 EMORY DR**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **V/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN PETTIBONE **REQUIRE JOHN PETTIBONE**

4-11-01 727-725-2121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)