

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 05, 2002 8:00 am  
Secretary of State

02-05-2002 90016 033 \*\*\*\*61.25

DOCUMENT # 718000

1. Entity Name

VOITURE 541, 40&8, INCORPORATED

Principal Place of Business

C/O JACK F. HOPKINS  
1285 MISSION HILLS BLVD  
CLEARWATER FL 33759-2748

Mailing Address

C/O JACK F. HOPKINS  
1285 MISSION HILLS BLVD  
CLEARWATER FL 33759-2748

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

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

HOPKINS, JACK F.

~~2420 MORRINGSIDE DRIVE~~ 1285 MISSION HILLS BLVD  
~~SAFETY HARBOR FL 34095~~ CLEARWATER, FL 33759-2748

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)

1-17-02

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 ☐ Delete  
NAME SD  
STREET ADDRESS HOPKINS, JACK F.  
CITY-ST-ZIP 1285 MISSION HILLS BLVD  
CLEARWATER FL 33759

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

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

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

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

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

TITLE ☒ Delete  
NAME PD  
STREET ADDRESS CHAMBERS, HENRY  
CITY-ST-ZIP 10285 127TH PLACE NORTH  
LARGO FL 33773

☒ Change ☐ Addition  
TITLE PD  
NAME COX TOM  
STREET ADDRESS 2625 TEAKWOOD DR.  
CITY-ST-ZIP CLEARWATER, FL. 33764

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

☒ Change ☐ Addition  
TITLE P  
NAME JEDREY EDWARD C.  
STREET ADDRESS 6550 SHORE LINE DR #7206  
CITY-ST-ZIP ST. PETERSBURG, FL. 33708

TITLE ☒ Delete  
NAME VD  
STREET ADDRESS MOSES, HENRY SR  
CITY-ST-ZIP 1848 EMORY DR  
CLEARWATER FL

☒ Change ☐ Addition  
TITLE VD  
NAME MOSES HENRY SR.  
STREET ADDRESS 2514 BAYBERRY DR.  
CITY-ST-ZIP CLEARWATER FL 33763

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:

*Jack F. Hopkins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-02 727-725-2121

CR2E037 (9/01)