

**FILED** (H03000303727 3)

03 OCT 24 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 827193  
1. Entity Name  
**HOBBS GROUP, INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**4401 NORTHSIDE PARKWAY**  
Suite, Apt. #, etc.  
**560**  
City & State  
**ATLANTA, GA**  
Zip  
**30327**  
Country  
**USA**

3. Mailing Address  
**4401 NORTHSIDE PARKWAY**  
Suite, Apt. #, etc.  
**560**  
City & State  
**ATLANTA, GA**  
Zip  
**30327**  
Country  
**USA**

**REINSTATEMENT** 02-03  
DO NOT WRITE IN THIS SPACE  
MRS

**DO NOT WRITE IN THIS SPACE**

4. FBI Number **04-2191314** Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

7. Name and Address of Current Registered Agent  
Name  
**Corporation Service Company**  
Street Address (P.O. Box Number is Not Acceptable)  
**1201 Bays Street**  
City  
**Tallahassee** FL Zip Code  
**32301**

SIGNATURE *Lynette Coleman*  
Signature (Typed or printed name of registered agent and the filer)  
DATE *10/24/03*

**Lynette Coleman**  
as its agent

9. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President Daniel J. Donovan 4401 Northside PKWY, STE 560 Atlanta, GA 30327</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Secretary Walter L. Smith 4951 Lake Brook Drive, STE 500 Glen Allen, VA 23060</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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)(b), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Walter L. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DATE *10/24/03*