

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F57319

1. Entity Name  
HOBO INCORPORATED

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90063 013 \*\*\*150.00

Principal Place of Business

~~3003 SILVERADO TERRACE~~  
~~WINTER HAVEN FL 33884~~  
~~US~~

Mailing Address

PO BOX 2235  
WINTER HAVEN FL 33883-2235  
US

2. Principal Place of Business

2413 Bayshore Blvd  
#206

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa

Zip

33629

Country

Zip

Country

4. FEI Number

59-2145516

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~OWENS, RUTH~~  
~~3003 SILVERADO TERRACE~~  
~~WINTER HAVEN FL 33884~~

7. Name and Address of New Registered Agent

Name

William W. Howard

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

2413 Bayshore Blvd

Suite 206

City

Tampa

FL

Zip Code

33629

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

*William W. Howard*

3/20/00

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, 2000 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	<input type="checkbox"/> Delete
NAME	OWENS, DONALD W.	
STREET ADDRESS	701 COUNTRY LANE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	VST	<input checked="" type="checkbox"/> Delete
NAME	OWENS, RUTH	
STREET ADDRESS	3003 SILVERADO TERRACE	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OWENS, RUTH	
STREET ADDRESS	3003 SILVERADO TERRACE	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWARD, WILLIAM W	
STREET ADDRESS	2413 BAYSHORE BLVD, STE #206	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Ruth Owens*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00 863 299-0131

Date

Daytime Phone #

CR2E034 (9/99)