## 2003 FOR PROFIT CORPORATION

## **FILED** Jan 31, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** G52680 DOCUMENT # 1. Entity Name 01-31-2003 90116 004 \*\*\*150.00 HOPKINS & ASSOCIATES, INC. Principal Place of Business Mailing Address 5868 PINEBROOK DR 5868 PINEBROOK DR P0011221 **BOCA RATON FL 33433 BOCA RATON FL 33433** IIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State 59-2340855 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOPKINS, M. THOMAS Street Address (P.O. Box Number is Not Acceptable) 5306 SAPHIRE VALLEY BOCA RATON FL 33486 Zip Code City 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. + am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Change ☐ Delete TITLE HOPKINS, M THOMAS NAME NAME 5868 PINEBROOK DR STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE. Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 607, 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.

TITLE

NAME

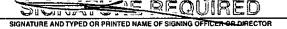
STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP



☐ Delete

Change

■ Addition