

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90160 039 ***150.00

DOCUMENT # G73324

1. Entity Name

HOBBIT PLASTERING, INC.

Principal Place of Business

8 TALL TREE LANE
TAYLORS SC 29687
US

Mailing Address

8 TALL TREE LANE
TAYLORS SC 29687
US

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 59-2379051

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

BENDER, ALAN

-1316-

ORLANDO FL 32836

Name

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

236 Lake Tennessee Dr.

City

Auburndale

FL

Zip Code

33828

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	BENDER, PHILLIP L	
STREET ADDRESS	8 TALL TREE LN	
CITY-ST-ZIP	TAYLORS SC	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENDER, DIANE	
STREET ADDRESS	8 TALL TREE LN	
CITY-ST-ZIP	TAYLORS SC	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENDER, ALAN	
STREET ADDRESS	8125 CITRUS CHASE DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	236 Lake Tennessee Dr.	
STREET ADDRESS	Auburndale	
CITY-ST-ZIP	Fl. 33828	
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phillip L. Bender Pres. 1/14/01

Date

864-268-

4265

Daytime Phone #

CR2E034 (10/00)