

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90084 012 \*\*\*150.00

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 AV

**DOCUMENT # J05484**  
 1. Entity Name  
**HOBIE BUILDERS, INC.**

Principal Place of Business <b>% WINANDUS H. HOEBEN</b> <b>351 FAIRMONT TERR</b> <b>PORT CHARLOTTE FL 33954</b>	Mailing Address <b>% WINANDUS H. HOEBEN</b> <b>351 FAIRMONT TERR</b> <b>PORT CHARLOTTE FL 33954</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>Winandus H. Hoeben</i> Suite, Apt. #, etc. <b>379 FAIRMONT TERR</b> City & State <b>PORT CHARLOTTE, FL</b>	3. Mailing Address <i>Winandus H Hoeben</i> Suite, Apt. #, etc. <b>379 FAIRMONT TERR</b> City & State <b>PORT CHARLOTTE, FL</b>
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Zip <b>33954</b>	Country <b>USA</b>	Zip <b>33954</b>	Country <b>USA</b>
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4. FEI Number <b>59-2654843</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**HOEBEN, WINANDUS H**  
**379 FAIRMONT TERR**  
**PORT CHARLOTTE FL 33954**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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 *Winandus H Hoeben* *Winandus H Hoeben* *Jan 24 - 2002*  
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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PDST HOEBEN, WINANDUS H. 379 FAIRMONT TERR 379 PORT CHARLOTTE FL 33954</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Winandus H Hoeben* *Jan 24 - 2002* *941-625-6374*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/01)