2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 21, 2001 8:00 am
Secretary of State
05-22-2001 90051 029 ***150.00

DOCUMENT # J23321

1. Entity Name
P. Hooper, Inc (UA)

Principal Place of Business	Mailing Address
SR 24 & 3RD ST CEDAR KEY, FL 32625	PO Box 608 CEDAR KEY, FL 32625

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. THEMARKET, SR 24 & 3RD ST	Suite, Apt. #, etc. PO Box 608
City & State CEDAR KEY, FL	City & State CEDAR KEY, FL
Zip 32625 Country USA	Zip 32625 Country USA

[redacted]
DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2682214 ☐ 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
PETER HOOPER 1040 SW 11th ~~ABC~~ P.O. Box 608 GAINESVILLE CEDAR KEY FL 32601 FL 32625	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Peter W. Hooper
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) ☐

THE 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	PRESIDENT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PRATIMA HOOPER		NAME		
STREET ADDRESS	PINEY POINT, Po Box 608		STREET ADDRESS		
CITY-ST-ZIP	CEDAR KEY, FL 32625		CITY-ST-ZIP		
TITLE	SECRETARY	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PETER HOOPER		NAME		
STREET ADDRESS	PINEY POINT – P.O. Box 608		STREET ADDRESS		
CITY-ST-ZIP	CEDAR KEY, FL 32625		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: P. Hooper 4/30/01 352 378 1084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)