

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90061 034 ***150.00

DOCUMENT # J85916

1. Entity Name
INDEPENDENT CONTRACTORS SUPPLY, INC.



Principal Place of Business:
**5008 W LINEBAUGH #8
TAMPA FL 33624**

Mailing Address
**5008 W LINEBAUGH #8
TAMPA FL 33624**



2. Principal Place of Business

5008 W. LINEBAUGH AVE

3. Mailing Address

Suite, Apt. #, etc.

32

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

4. FEI Number **59-2799376**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HOBBS, TERENCE H.
17001 DENNIS RD
LUTZ FL 33549**

7. Name and Address of New Registered Agent

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. I 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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **HOBBS, TERENCE H**
STREET ADDRESS **7528 CLEARVIEW DR.**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **STD** ☐ Delete
NAME **HOBBS, TERENCE H**
STREET ADDRESS **7528 CLEARVIEW DR**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **HOBBS, TERENCE H.**
STREET ADDRESS **17001 DENNIS RD**
CITY-ST-ZIP **LUTZ FL 33558**

TITLE **STD** ☒ Change ☐ Addition
NAME **HOBBS TERENCE H.**
STREET ADDRESS **17001 DENNIS RD**
CITY-ST-ZIP **LUTZ FL 33558**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **HOBBS MARK A.**
STREET ADDRESS **17001 DENNIS RD**
CITY-ST-ZIP **LUTZ, FL 33558**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERENCE H. HOBBS 1/28/03 (813) 240-3197

Date

Daytime Phone #

CR2E034 (10/02)