

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90001 047 ***150.00

DOCUMENT # **K43244**

1. Entity Name

JOHN O. HOPKINS, P.A.

R

Principal Place of Business

**8000 N. FEDERAL HWY.
 BOCA RATON, FL 33487**

Mailing Address

**8000 N. FEDERAL HWY.
 BOCA RATON, FL 33487**

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

65-00A7025

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

**JOHN O. HOPKINS
 8000 N. FEDERAL HWY.
 BOCA RATON, FL 33487**

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

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, 2000 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 **PSD** ☐ Delete
 NAME **JOHN O. HOPKINS**
 STREET ADDRESS **8000 N. FEDERAL HWY.**
 CITY-ST-ZIP **BOCA RATON, FL 33487**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

7/19/2000

Date

561-367-7600

Daytime Phone #

CR2E034 (9/99)

Attachment
D# K43244
D0071254

LAW OFFICES
JOHN O. HOPKINS, P.A.
8000 N. FEDERAL HWY.
BOCA RATON, FLORIDA 33487
TELEPHONE (561) 367-7600

June 19, 2000

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

ATTN: Annual Reports

Re: John O. Hopkins, P.A.
Del Mar Realty, Inc.
First Western Mortgage Corporation

Dear Sir/Madame:

Recently, my office noticed that we had not received the annual report renewal and update documents this year for the above-referenced corporations.

Since I did not receive the renewal forms this year, the due date was a clerical oversight.

If you would be kind enough to send the requested annual report forms for immediate filing and waive the late fee due to mailing error, I would be most grateful. I believe my record reflects of never having such a problem in the past.

Very truly yours,

John O. Hopkins

JOH/cm