

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90238 022 ***150.00

DOCUMENT # L23471

1. Entity Name

HOBE SOUND REDEVELOPMENT CORP., INC.

Principal Place of Business

H.S.R. CORP INC.
 PO BOX 2146
 HOBE SOUND FL 33475
 US

Mailing Address

H.S.R. CORP INC.
 PO BOX 2146
 HOBE SOUND FL 33475
 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 **65-0157730**

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

SAWYER, THOMAS R
 2081 E. OCEAN BLVD.
 2ND FLOOR
 STUART FL 34996

Name Virginia Patrick
 Street Address (P.O. Box Number is Not Acceptable)
136 Ridge Rd
 City Jupiter FL Zip Code 33477

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 Virginia Patrick

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/29/01
 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 P ☒ Delete
 NAME DOUGLAS, PATRICK L
 STREET ADDRESS P.O. BOX 2146
 CITY-ST-ZIP HOBE SOUND FL 33475

TITLE P ☒ Change ☐ Addition
 NAME Virginia Patrick
 STREET ADDRESS 136 Ridge Rd
 CITY-ST-ZIP Jupiter FL 33477

TITLE ST ☐ Delete
 NAME VIRGINIA, PATRICK C
 STREET ADDRESS P.O. BOX 2146
 CITY-ST-ZIP HOBE SOUND FL 33475

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: Virginia Patrick
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/01
 Date

Daytime Phone #

CR2034 (10/00)