

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2003 8:00 am
Secretary of State

05-28-2003 90174 002 ***750.00

DOCUMENT # L33058

1. Entity Name
HOPS MARKETING, INC.



Principal Place of Business
2701 N ROCKY POINT DR
300
TAMPA FL 33607
US

Mailing Address
2701 N ROCKY POINT DR
300
TAMPA FL 33607
US

2. Principal Place of Business
Hancock @ Washington
Suite, Apt. #, etc.

3. Mailing Address
Hancock @ Washington
Suite, Apt. #, etc.

City & State
Madison, GA 30650

City & State
Madison, GA

Zip
30650

Country
USA

Zip
30650

Country
USA

4. FEI Number
59-2995842

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

55044308



6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WALDREP, MARGARET
HANCOCK AT WASHINGTON
MADISON GA 30650 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
MAGRUDER, RONALD
2701 N ROCKY POINT DR #300
TAMPA FL 33607 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
KOLLIAS, ZACHARIAS A
2701 N ROCKY POINT DR #300
TAMPA FL 33607 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
WILLIAMS, PERCY
HANCOCK AT WASHINGTON
MADISON GA 30650 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Tom DuPree Jr. ☒ Change ☐ Addition
Hancock @ Washington
Madison, GA 30650

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

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

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

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

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:

Percy Williams 5/21/03 (706) 343-2217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)