

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L94493**

1. Entity Name  
**HOBBIE WAREHOUSE, INC.**



Principal Place of Business  
**11755 S. CLEVELAND AVE.  
#2  
FORT MYERS FL 33907**

Mailing Address  
**11755 S. CLEVELAND AVE.  
#2  
FORT MYERS FL 33907**

2. Principal Place of Business  
**11625 S. Cleveland Ave #2**  
Suite, Apt. #, etc.

3. Mailing Address  
**11625 S. Cleveland Ave #2**  
Suite, Apt. #, etc.

City & State  
**Fort Myers, FL.**

Zip  
**33907**

Country  
**Lee**

City & State  
**Fort Myers, FL.**

Zip  
**33907**

Country  
**Lee**

4. FEI Number **65-0246833**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**MCGRAW, CHARLES D JR.  
11755 S. CLEVELAND AVE.  
#2  
FORT MYERS FL 33907**

## 7. Name and Address of New Registered Agent

Name **Charles McGraw Jr**  
Street Address (P.O. Box Number is Not Acceptable)  
**11625 S. Cleveland Ave #2**  
City **Fort Myers** FL Zip Code **33907**

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 **Charles McGraw Jr President**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**3/24/03**  
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	<b>PSTD MCGRAW, JR., CHARLES D 3152 OKLAHOMA STREET NORTH PORT FL 34286</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MCGRAW, ELAINE H 3152 OKLAHOMA STREET NORTH PORT FL 34286</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/24/03**  
Date

**814-450-2509**  
Daytime Phone #

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90121 010 \*\*\*150.00



☒ CHECK HERE IF MAKING CHANGES

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CR2E034 (10/02)