2001 **UNIFORM BUSINESS REPORT (UBR)**

FILED

01 JUN 11 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L96000000851

1. Entity Name
HUBCO, L.C.

Principal Place of Business	Mailing Address
27 FLETCHER AVENUE SARASOTA FL 34237	27 FLETCHER AVENUE SARASOTA FL 34237-6017

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1901 HANSEN ST. Suite, Apt. #, etc.	1901 HANSEN ST. Suite, Apt. #, etc.
City & State: SARASOTA, FL	City & State: SARASOTA, FL
Zip: 34231 Country: SARASOTA	Zip: 34231 Country: SARASOTA

4. FEI Number 65-0693684 ☐ Applied For ☐ Not Applic.

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STRASCHNOV, GEORGE J ESQ 27 FLETCHER AVENUE SARASOTA FL 34237	Name: DEMETRIA KATSIHTIS Street Address (P.O. Box Number is Not Acceptable): 1901 HANSEN ST. City: SARASOTA FL Zip Code: 34231

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: DEMETRIA KATSIHTIS Demetria Katsihtis 4/26/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. MANAGING MEMBERS / MEMBERS	10. ADDITIONS / CHANGES
TITLE MGRM NAME HUBCO, LTD. STREET ADDRESS 15 PARADISE PLAZA, BOX 305 CITY-ST-ZIP SARASOTA FL 34239 ☐ Delete	☐ Change ☐ Add
☐ Delete	☐ Change ☐ Add 600004429876--2 06/19/01--01067--003
☐ Delete	☐ Change ☐ Add *****50.00 *****50.00
☐ Delete	☐ Change ☐ Add
☐ Delete	☐ Change ☐ Add
☐ Delete	☐ Change ☐ Add

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LAWRENCE S. COHEN 4/26/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #