

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90132 004 \*\*\*150.00

**DOCUMENT # M66116**

1. Entity Name

**HOSKINS RESEARCH & DEVELOPMENT, INC.**

DO NOT WRITE IN THIS SPACE

**Principal Place of Business**  
1226 SOUTHEAST 14TH STREET  
DEERFIELD BEACH FL 33441  
US**Mailing Address**  
1226 SOUTHEAST 14TH STREET  
DEERFIELD BEACH FL 33441-7316  
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number** 62-1342181Applied For  
Not Applicable

Zip

Country

Zip Country

**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****HOSKINS, DANA W**  
1226 SE 14 STR  
DEERFIELD BCH FL 33441

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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** VS ☐ Delete  
**NAME** HOSKINS, PHILLIP D.  
**STREET ADDRESS** 1226 SOUTHEAST 14TH STREET  
**CITY-ST-ZIP** DEERFIELD BCH FL**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** PTD ☐ Delete  
**NAME** HOSKINS, DANA W  
**STREET ADDRESS** 1226 SOUTHEAST 14TH STREET  
**CITY-ST-ZIP** DEERFIELD BCH FL**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP****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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANA W. HOSKINS

4/20/00

Date

954-421-8312

Daytime Phone #