

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29447

1. Entity Name

HOBE SOUND BUSINESS GROUP, INC.

Principal Place of Business

723 COLORADO AVENUE
STUART FL 34994

Mailing Address

723 COLORADO AVENUE
STUART FL 34994

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

65-0098851

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

ADKINS, JOHN W
723 COLORADO AVENUE
STUART FL 34994

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME PD
STREET ADDRESS PRATT, SHARYL
CITY-ST-ZIP 11980 S. FEDERAL HIGHWAY
HOBE SOUND FL 33455

TITLE ☐ Change ☒ Addition
NAME PD
STREET ADDRESS PATRICE SMITH
CITY-ST-ZIP 1021 NE JENSEN BCH BLVD
JENSEN BCH, FL 34957

TITLE ☐ Delete
NAME TD
STREET ADDRESS ADKINS, JOHN W
CITY-ST-ZIP 723 COLORADO AVENUE
STUART FL 34994

TITLE ☐ Change ☒ Addition
NAME VPD
STREET ADDRESS ANN CLARK
CITY-ST-ZIP 9256 SE VENUS ST.
HOBE SOUND, FL 33455

TITLE ☐ Delete
NAME SD
STREET ADDRESS WILSON, JOANNE
CITY-ST-ZIP 8882 BRIDGE ROAD
HOBE SOUND FL 33455

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Marilyn Copley
CITY-ST-ZIP 1795 US HWY ONE
HOBE SOUND, FL 33455

TITLE ☒ Delete
NAME PD
STREET ADDRESS COOPER, GEORGE
CITY-ST-ZIP 17276 GALAWAY CT
TEQUESTA FL 33469

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90149 027 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)