

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90375 037 ****61.25

DOCUMENT # N29447

1. Entity Name
HOBE SOUND BUSINESS GROUP, INC.



Principal Place of Business Mailing Address
723 COLORADO AVENUE 723 COLORADO AVENUE
STUART FL 34994 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Delete
NAME	PRATT, SHARYL
STREET ADDRESS	11980 S. FEDERAL HIGHWAY
CITY-ST-ZIP	HOBE SOUND FL 33455
TITLE	TD <input type="checkbox"/> Delete
NAME	ADKINS, JOHN W
STREET ADDRESS	723 COLORADO AVENUE
CITY-ST-ZIP	STUART FL 34994
TITLE	SD <input type="checkbox"/> Delete
NAME	WILSON, JOANNE
STREET ADDRESS	8882 BRIDGE ROAD
CITY-ST-ZIP	HOBE SOUND FL 33455
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	SMITH, PATRICE
STREET ADDRESS	1021 NE JENSEN BEN BLVD
CITY-ST-ZIP	JENSEN BEACH FL 34957
TITLE	VP PD <input type="checkbox"/> Delete
NAME	CLARK, ANN
STREET ADDRESS	9256 SE VENUS ST
CITY-ST-ZIP	HOBE SOUND FL 33455
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	COPELY, MARILYN
STREET ADDRESS	9795 US HWY ONE
CITY-ST-ZIP	HOBE SOUND FL 33455

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN SCHICK
STREET ADDRESS	9965 SE BRIDGE RD
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **4/9/03** **772-286-0003**

CR2E037 (10/02)