

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007238

1. Entity Name

HOPEFUL HAPPENING, INC.

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90008 023 ****61.25

02-20-2000 90027 038 ****61.25

Principal Place of Business

Mailing Address

8288 DESMOND DRIVE
BOYNTON BEACH FL 33437

8288 DESMOND DRIVE
BOYNTON BEACH FL 33437

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

65-0969366

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

SMITH, GERARD C
8288 DESMOND DRIVE
BOYNTON BEACH FL 33437

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
After September 13, 2000 min. will be \$236.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	SMITH, GERARD C	8288 DESMOND DRIVE BOYNTON BEACH FL 33437	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	DEVLIN, EILEEN	PO BOX 4143 BOYNTON BEACH FL 33424	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	PACK, JOSEPH	3469 W BOYNTON BLVD #18 BOYNTON BEACH FL 33436	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	RALEY, LOUIS A	3469 W BOYNTON BLVD #18 BOYNTON BEACH FL 33436	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/2000

Daytime Phone #