

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007238

1. Entity Name

HOPEFUL HAPPENING, INC.

Principal Place of Business

8288 DESMOND DRIVE
BOYNTON BEACH FL 33437

Mailing Address

8288 DESMOND DRIVE
BOYNTON BEACH FL 33437

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SMITH, GERARD C
8288 DESMOND DRIVE
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SMITH, GERARD C
8288 DESMOND DRIVE
BOYNTON BEACH FL 33437

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DEVLIN, EILEEN
PO BOX 4143
BOYNTON BEACH FL 33424

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PACK, JOSEPH
3469 W BOYNTON BLVD #18
BOYNTON BEACH FL 33436

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RALEY, LOUIS A
3469 W BOYNTON BLVD #18
BOYNTON BEACH FL 33436

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90245 030 ****61.25

00000001



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0969366

Applied For

Not Applicable

5. Certificate of Status Desired

Not Applicable

\$8.75 Additional
Fee Required

CR2E037 (10/00)