

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91141 034 ***150.00

DOCUMENT # **PD0000004030** ✓

1. Entity Name

Hoskins Construction Inc.

DO NOT WRITE IN THIS SPACE

666166

2. Principal Place of Business

1202 N. Lagoon Ave

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Kissimmee, FL

City & State

same

4. FEI Number

59-3618318

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required?

7. Name and Address of Current Registered Agent

Name

Jim Hemphill

Street Address (P.O. Box Number is Not Acceptable)

1633 E. Vine St. Suite #207

City

Kissimmee

FL

Zip Code

34744

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

PD

NAME

Hoskins, Milton O

STREET ADDRESS

1202 N. Lagoon Ave

CITY - ST - ZIP

Kissimmee, FL 34741

TITLE

VD

NAME

Hoskins, Sharon D

STREET ADDRESS

1202 N. Lagoon Ave

CITY - ST - ZIP

Kissimmee, FL 34741

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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TITLE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Milton O. Hoskins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-02

Date

407-946-9269

Daytime Phone #

CR2E034B (12/01)