

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91124 005 ***150.00

DOCUMENT # P00000026364

1. Entity Name

HOOPSTERS ACCESSORIES, INC.

Principal Place of Business

410 SE 41 AVENUE
OCALA FL 34471

Mailing Address

410 SE 41 AVENUE
OCALA FL 34471

2. Principal Place of Business

9950 SE 110 PLACE ROAD

Suite, Apt. #, etc.

BELLEVUE FL

City & State

3. Mailing Address

9950 SE 110 PLACE ROAD

Suite, Apt. #, etc.

BELLEVUE FL

City & State

Zip

Country

34420 USA

Zip

Country

34420 USA

4. FEI Number

650995820

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

HOOP, JEFFREY W
410 SE 41 AVENUE
OCALA FL 34471

Name

HOOP, STEPHEN E

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

9950 SE 110 PLACE ROAD

City

BELLEVUE

FL

Zip Code

34420

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 Stephen E Hoop
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS HOOP, STEPHEN E
CITY-ST-ZIP 9950 SE 110 PLACE ROAD
BELLEVUE FL 34420

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

TITLE ☒ Delete
NAME D
STREET ADDRESS HOOP, JEFFREY W
CITY-ST-ZIP 410 SE 41 AVENUE
OCALA FL 34471

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen E Hoop
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

Daytime Phone #

CR2E034 (10/00)