

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90037 041 ***150.00

DOCUMENT # P00000026364

1. Entity Name

HOOPSTERS ACCESSORIES, INC.

Principal Place of Business

Mailing Address

**9950 SE 110TH PLACE ROAD
 BELLEVUE FL 34420**

**9950 SE 110TH PLACE ROAD
 BELLEVUE FL 34420**

2. Principal Place of Business

3. Mailing Address

**1426 SE FT. KING ST.
 Suite, Apt. #, etc.**

**1426 SE FT. KING ST.
 Suite, Apt. #, etc.**

City & State

Ocala FLA

City & State

Ocala FLA

4. FEI Number

65-0995820

Applied For

Not Applicable

Zip

34471

Country

Marion

Zip

34471

Country

Marion

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, STEPHEN E
 9950 SE 110TH PLACE ROAD
 BELLEVUE FL 34420**

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

X Stephen E Hoop

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

(NOTE: Registered Agent signature required when reinstating)

2/18/02

DATE

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, 2002 Fee will be \$664.00
 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 **Hoop Stephen E**
 STREET ADDRESS **1426 SE FT. KING ST.**
 CITY-ST-ZIP **Ocala FL 34471**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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: **X**

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

Date

Daytime Phone #

CR2034 (9/01)