

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90139 037 ***150.00

DOCUMENT # P00000042951

1. Entity Name
HKH FINANCIAL CENTER, INC.



Principal Place of Business
**2233 SE FT KING STE A
OCALA FL 34471**

Mailing Address
**2233 SE FT KING STE A
OCALA FL 34471**

20028264



2. Principal Place of Business
206 SW 10TH ST.
Suite, Apt. #, etc.

3. Mailing Address
206 SW 10TH ST
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
OCALA, FL

City & State
OCALA, FL.

4. FEI Number **59-3643442**

Applied For
Not Applicable

Zip
34474-4264

Country
USA

Zip
34474-4264

Country
USA

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

**KING, WILLIAM A
7 E SILVER SPRINGS BLVD STE 500
OCALA FL 33447-0**

Name
VERNON N. HOPKINS

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

206 SW 10TH ST.

City **OCALA** FL Zip Code **34474-4264**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **VERNON N. Hopkins, Pres.**

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

(NOTE: Registered Agent Signature required when reinstating)

4/2/2003
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **HOPKINS, VERNON N**
STREET ADDRESS **2233 SE FT KING STREET SUITE A**
CITY-ST-ZIP **OCALA FL 34471**

TITLE ☒ Change ☐ Addition
NAME **VERNON N. HOPKINS**
STREET ADDRESS **206 SW 10TH ST.**
CITY-ST-ZIP **OCALA, FL. 34474-4264**

TITLE **VP** ☐ Delete
NAME **KOPEC, THADDEUS W**
STREET ADDRESS **2233 SE FT KING STREET SUITE A**
CITY-ST-ZIP **OCALA FL 34471**

TITLE ☒ Change ☐ Addition
NAME **VERNON N. HOPKINS**
STREET ADDRESS **206 SW 10TH ST.**
CITY-ST-ZIP **OCALA, FL. 34474-4264**

TITLE **ST** ☐ Delete
NAME **HILL, PATRICK M**
STREET ADDRESS **2233 SE FT KING STREET SUITE A**
CITY-ST-ZIP **OCALA FL 34471**

TITLE ☒ Change ☐ Addition
NAME **VERNON N. HOPKINS**
STREET ADDRESS **206 SW 10TH ST.**
CITY-ST-ZIP **OCALA, FL 34474-4264**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 607, 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:

VERNON N. HOPKINS, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

4/2/03
Date

352-671-5310
Daytime Phone #

0572697 AV

CR2E034 (10/02)