

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Aug 22, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000065757**

1. Entity Name  
 HOW 'BOUT IT, INC.

Principal Place of Business PO BOX 1008  ISLAMORADA FL 33036	Mailing Address PO BOX 1008  ISLAMORADA FL 33036
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State	3. Mailing Address  Suite, Apt. #, etc.  City & State
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DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number <b>65-1022020</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

SCOBLE CHARLES T  
 102 JEROME AVE  
  
 ISLAMORADA FL 33036 US

**7. Name and Address of New Registered Agent**

Name  
 SCOBLE CHARLES T  
 Street Address (P.O. Box Number is Not Acceptable)  
 75450 OVERSEAS HIGHWAY  
  
 City  
 ISLAMORADA FL Zip Code  
 33036

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 CHARLES T. SCOBLE DATE 08/22/2001  
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)

**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	
TITLE D	<input type="checkbox"/> Delete
NAME SCOBLE CHARLES T	
STREET ADDRESS PO BOX 1008	
CITY-ST-ZIP ISLAMORADA FL 33036	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: CHARLES T. SCOBLE D DATE 08/22/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)