2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State
04-17-2003 90216 042 ***158.75

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1. Entity Name
HOBBS SERVICES, INC.

Principal Place of Business	Mailing Address
3351 PREAKNESS PL CHIPLEY FL 32428	3351 PREAKNESS PL CHIPLEY FL 32428

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1612 June Av	
Suite, Apt. #, etc.: Bldg 2	Suite, Apt. #, etc.
City & State: Panama City Florida	City & State: ~~Flori~~
Zip: 32406 / Country: USA	Zip / Country

4. FEI Number 04-3614534 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOBBS, V. KENNETH
3351 PREAKNESS PL
CHIPLEY FL 32428

7. Name and Address of New Registered Agent

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

SIGNATURE [signature] Pres 3-8-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

TITLE	PCEO	☐ Delete
NAME	HOBBS, K. SCOTT	
STREET ADDRESS	1612 JUNE AVE BLG 2	
CITY-ST-ZIP	PANAMA CITY FL 32406	
TITLE	VPST	☐ Delete
NAME	HOBBS, V. KENNETH	
STREET ADDRESS	3351 PREAKNESS PL	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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: SIGNATURE REQUIRED [signature] 3-8-03 (850) 763-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #