

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90031 010 ***150.00

DOCUMENT # P01000025164

1. Entity Name
LEMON BAY HOBBIES, INC.



Principal Place of Business
**2670 SOUTH MCCALL ROAD
UNIT 6
ENGLEWOOD FL 34224**

Mailing Address
**2670 SOUTH MCCALL ROAD
UNIT 6
ENGLEWOOD FL 34224**

60000560



2. Principal Place of Business
2670 South McCall Road

3. Mailing Address
2670 S McCall Rd

Suite, Apt. #, etc.
Unit 3

Suite, Apt. #, etc.
Unit 3

City & State
Englewood FL

City & State
Englewood FL

4. FEI Number **65-1090207**

Applied For
 Not Applicable

Zip
34224 Country
USA

Zip
34224 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

**RICKETTS, RONALD A
1084 HUMBOLDT STREET
ENGLEWOOD FL 34224**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entry 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 *Ronald A Ricketts*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-3-03
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	D <input type="checkbox"/> Delete
NAME	RICKETTS, RONALD A
STREET ADDRESS	1084 HUMBOLDT STREET
CITY-ST-ZIP	ENGLEWOOD FL 34224
TITLE	D <input type="checkbox"/> Delete
NAME	RICKETTS, LEIGH E
STREET ADDRESS	1084 HUMBOLDT STREET
CITY-ST-ZIP	ENGLEWOOD FL 34224
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"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ronald A Ricketts* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-03
Date

941-475-0083
Daytime Phone #

CR2E034 (10/02)