FILED Jan 30, 2003 8:00 am

Secretary of State

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

P01000029186

DOCUMENT #



1. Entity Name 01-30-2003 90169 045 ***150.00 HOSKINS & HOSKINS OF BREVARD, INC. Principal Place of Business Mailing Address 445 ALBATROSS ST BOX 540014 MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32954 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For City & State 59-3711074 Not Applicable , Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOSKINS, PAUL Street Address (P.O. Box Number is Not Acceptable) 445 ALBATROSS ST **MERRITT ISLAND FL 32952** City 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, 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 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE ☐ Delete TITLE Change HOSKINS, PAUL NAME NAME STREET ADDRESS 445 ALBATROSS ST STREET ADDRESS **MERRITT ISLAND FL 32952** CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME HOSKINS, HOPE NAME STREET ADDRESS 445 ALBATROSS ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MERRITT ISLAND FL 32952** TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Channe Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: