

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

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90034 006 ***150.00

DOCUMENT # P 01000030774

1. Entity Name

THE HOBGOOD GROUP, CORP.

DO NOT WRITE IN THIS SPACE

80061598

2. Principal Place of Business

18455 MIRAMAR PARKWAY

3. Mailing Address

SAME

Suite, Apt. #, etc.

212

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIRAMAR, FL

City & State

4. FEI Number

65-1088912

Applied For

Not Applicable

Zip

33029

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BEVERLY J. HOBGOOD

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

18455 MIRAMAR PARKWAY #212

City

MIRAMAR

FL

Zip Code

33029

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IN THIS SPACE**

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

Bj Hobgood pres.

BEVERLY J. HOBGOOD

3/24/02

Signature, typed or printed name of registered agent and fee, 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)

☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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
NAME

~~President~~ *Vice president*
Charles D. Hobgood

STREET ADDRESS
CITY-ST-ZIP

18455 Miramar Parkway #212
Miramar, FL 33029

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

Pres ~~Vice Pres., Sec., Treas., Director~~
Beverly J. Hobgood

STREET ADDRESS
CITY-ST-ZIP

18455 Miramar Parkway #212
Miramar, FL 33029

TITLE
NAME

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CITY-ST-ZIP

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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 on an attachment with an address, with all other the empowered.

SIGNATURE:

Charles D. Hobgood

CHARLES D. HOBGOOD

3/24/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034B (12/01)