

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90229 010 ***150.00

DOCUMENT # P01000034679

1. Entity Name
S & B HOSKINS, INC.



Principal Place of Business
**239 CORONA AVE. - 7302 Corona Ave
COCOA BCH FL 32932 Cocoa Beach, FL 32931**

Mailing Address
**239 CORONA AVE. - 7302 Corona Ave
COCOA BCH FL 32932 Cocoa Beach, FL 32931**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3713757**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**HOSKINS, STEVE
302 CORONA AVE
COCOA BCH FL 32931**

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HOSKINS, BETH**
STREET ADDRESS **239 CORONA AVE.**
CITY-ST-ZIP **COCOA BCH FL 32931**

TITLE ☒ Change ☐ Addition
NAME **Hoskins, Beth**
STREET ADDRESS **302 Corona Avenue**
CITY-ST-ZIP **Cocoa Beach, FL 32931**

TITLE **D** ☐ Delete
NAME **HOSKINS, STEVE**
STREET ADDRESS **239 CORONA AVE.**
CITY-ST-ZIP **COCOA BCH FL 32931**

TITLE ☒ Change ☐ Addition
NAME **Steve Hoskins**
STREET ADDRESS **302 Corona Avenue**
CITY-ST-ZIP **Cocoa Beach, FL 32931**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/03 321-784-0420

CR2E034 (10/02)