## FILED May 09, 2003 8:00 am Secretary of State 04-15-2003 90105 022 \*\*\*150.00

05-09-2003 90147 015 \*\*\*\*\*8.75

2003 FOR PROFIT CORPORATION

00448091

. Entity Name	MENT # P0100003 ANAGEMENT, INC.	66488		A SERVICE AND A
rincipal Piace 00 HOLMES I ENSACOLA, F	DR.	Mailing Address 100 Holmes Dr. Pensacola, Fl. 3250	,	
. Principal Pi	ace of Business	3. Malling Address		
Suite, Apt.	• •	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FELDiumber 27/16 22 1 Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered Agent
OBBS, LAI 00 HOLME: ENSACOL			Street Addres	s (P.O. Box Number is Not Acceptable)
		<del></del>	City	FL Zip Code
	named entity submits this statement ons of registered agent.	at for the purpose of changing it	is registere à office or regis	tered agent, or both, in the State of Florida. I am familiar with, and accept
NATURE -	Signature, typed or primed name of registered a	gen; and tills if applicable. (NC	TE Registered Agent Signature requi	ed when streethy) DATE .
F After ke Check	LE NOWIII FEE IS \$160:00. May 1 - 2003 Fee Will be \$550 Payable to Florida Departme	00 mt of State		Election Campaign Financing
	OFFICERS A	NO DIRECTORS	11. 10LE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
E E1 Address	HOBBS, LAURYCE G 100 HOLMES DR. PENSACOLA, FL 32507	□ oeeæ	NAME STREET ADDRESS CITY-ST-2IP	☐ Cistade ☐ valerinii
ET ADDRÉSS	2"	☐ Delete	TRUE NAME STREET ADDRESS	☐ Change ☐ Add tion
T ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	. Change Addition
r-SI-ZP E	<u> </u>	☐ Oelete	CSTY-ST-ZIP	☐ Change ☐ Addition
EET ADDRESS Y-ST-ZP			STREET ADDRESS CRY-ST-21P	
.E ME EET ADDNESS V-S3-ZP		☐ Delese	TITLE NAME STREET ADDRESS CRY-ST-ZIP	☐ Change ☐ Addition
E AE EET ADDRESS (-ST-2P		☐ Delete	TITLE NAME STHEET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
Indicated of of the corp	on this report or supplemental repo location of the receiver or trustee et or on an attachment with an address	rt is true and accurate and that movered to execute this repor	my signature shall have the tas required by Chapter 6 is.	Section 119.07(3)(I). Florida Statutes, I further certify that the information e same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11 if

2003	<b>FOR</b>	PROFIT (	CORPORA	MOST
UNIFO	RM B	USINESS	REPORT	(UBR

Attachment#

UN	IIFOR	M BUSIN	IESS	REPOR	T (	UBR	}	4/	15/2003-90105-022-\$1	50.00-\$	150.00		
DOCUMENT # P0100036488  1. Entity Name HOBBS MANAGEMENT, INC.					)				80117921				
Principal Pla 100 HOLMES PENSACOLA	-	as .	100	ing Address HOLMES DR. ISACOLA FL 32507				١.					
2. Principal	Place of Busin	ness	3. M	ailing Address		<del></del>			Land of the pro-		ng tag ta		
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				CHECK HERE IF	- C MAKING	7/6 2 CHANGE	321		
City & State			Cit	City & State				4. FE	Number APPLIED FOR	1	<u> </u>	opplied For	
Zip		Country	. Zir	-	Caun	try		5. Ce	ertificate of Status Desired		\$8.75 Ad	iditional	
	6. Name	and Address of Curre	ent Register	red Agent				7. Na	me and Address of New Reg	Istered A	gent		
HOBBS, LAURYCE G						Name -	Idean ID	0.8-	Number is Not Acceptable)	= <u>-</u>	ರು. ಆರ್. ಸಿ ———		
100 HOU	Vies dr.					Silesi Au	101882 (F	U, 50A	( Number is Not Acceptable)				
PENSACO	DLA FL 3250	07			l								
						City	<del></del>			FL	Zip Coc	je	
8. The above the obligation	named entit	y submits this statemen ered agent.	t for the pur	pose of changing Its	registere	ed office or r	registere	d agen	it, or both, in the State of Floric	a. Iam h	amiliar with,	and accept	
SIGNATURE .													
	Signatura, typed	or printed name of registered ag	eur auci ense () ap	pecetie, (NOTE	: Registered	1 Agent signature	a required w	han reins	taling)	DATE			
Afte	r May 1, 200	! FEE IS \$150.00 13 Fee will be \$550.0 Florida Department							Election Campaign Finan     Trust Fund Contribution.	cing 🗆	\$5.0 Added	May Be to Fees	
10. ~		OFFICERS AN	ID DIRECTO	ORS	11.			ADDI	TIONS/CHANGES TO OFFICE	RS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CUTY-ST-ZIP	100 HOLM	AURYCE G ES Dr. LA FL 32507		☐ Delete			\	ر کلار	on success		☐ Change	Addition	
TITLE NAME				☐ Deleta	TITLE						☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP					STREE	T ADDRESS ST-ZIP							
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TITLE		<del></del>			C(TY-	SI-ZIP					<u></u>		
NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS					Change	Addition	
TITLE * NAME STREET ADORESS CITY-ST-ZIP				☐ Defete	TITLE NAME STREET CITY-S	I ADDRESS				,	Change	Addition	
TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAME	ADODERY	*		,		Change	Addition	

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP