

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90159 034 \*\*\*150.00

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**DOCUMENT # P01000105511**

1. Entity Name

**HKH INSURANCE SERVICES, INC.**

Principal Place of Business

**2233 SE FT KING ST STE A  
 Ocala FL 34471**

Mailing Address

**2233 SE FT KING ST STE A  
 Ocala FL 34471**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3753290**

Applied For

Not Applicable

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

**HOPKINS, VERNON N  
 5680 SE 22 PLACE  
 Ocala FL 34471**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title 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) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOPKINS, VERNON N</b>	
STREET ADDRESS	<b>5680 SE 22 PLACE</b>	
CITY-ST-ZIP	<b>OCALA FL 34471</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>Thaddens W Kopeck</b>	
STREET ADDRESS	<b>2233 SE Fort King St. Ste A</b>	
CITY-ST-ZIP	<b>Ocala, FL 34471</b>	
TITLE	<b>Sec</b>	<input type="checkbox"/> Delete
NAME	<b>Patrick M Hill</b>	
STREET ADDRESS	<b>2233 SE Fort King St. Ste A</b>	
CITY-ST-ZIP	<b>Ocala, FL 34471</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**THADDENS W KOPECK VICE PRES. 2/6/02 852-671-5310**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)