

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91845 025 ***150.00

DOCUMENT # **P01000118298**

1. Entity Name

Hippy Dippy, Inc.



DO NOT WRITE IN THIS SPACE

90129775

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4113 Melrose Court		3. Mailing Address 4113 Melrose Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Melbourne, FL		City & State Melbourne, FL	
Zip 32940	Country USA	Zip 32940	Country USA
4. FEI Number 26-0002270		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Boyd, Joel E**

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

6767 N. Wickham Road, Ste 306City **Melbourne****FL**Zip Code
32940

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Molnar, Mary F. 4113 Melrose Court, Melbourne, FL 32940	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Molnar, John J. 4113 Melrose Court, Melbourne, FL 32940	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Molnar, John J. 4113 Melrose Court, Melbourne, FL 32940	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(b) Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature is full and complete as if made under oath. That I am an officer or director of the corporation or the receiver or trustee authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in block 10 or on an attachment with an address with all other information required.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/03 (321) 751-8110

CR2E034B (12/02)