

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90222 027 ***150.00

DOCUMENT # P02000038704

1. Entity Name
HOSPITALITY DEPOT, INC.



Principal Place of Business
214 SOUTHFIELDS ROAD
PANAMA CITY BEACH FL 32413

Mailing Address
POST OFFICE BOX 7578
PANAMA CITY BEACH FL 32413

2. Principal Place of Business

20706 Back Beach Rd

3. Mailing Address

20706 Back Beach Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Panama City Beach, FL

City & State

Zip

32413

Country

USA

Zip

Country

4. FEI Number

47-0860484

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURKE, MICHAEL S
221 MCKENZIE AVENUE
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

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

TITLE
NAME
D
DENT, GEORGE
STREET ADDRESS
214 SOUTHFIELDS ROAD
CITY-ST-ZIP
PANAMA CITY BEACH FL 32413

☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George Dent

1-8-03 (850) 235-8063

Date

Daytime Phone #

CR2E034 (10/02)