

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90083 026 ***150.00

DOCUMENT # P03000083297

1. Entity Name

SEAN BIANCA HOBSON TENNIS SERVICES, INC.



Principal Place of Business
257 S.W. 32ND ROAD
MIAMI FL 33129

Mailing Address
257 S.W. 32ND ROAD
MIAMI FL 33129



2. Principal Place of Business - No P.O. Box #
1132 Grand Cay Drive

3. Mailing Address

Suite, Apt. #, etc.
Palm Beach Gardens, FL

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State
Palm Beach Gardens, FL

City & State

4. FEI Number 30-0205237

Applied For
Not Applicable

Zip 33418 Country USA

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

HOBSON, MARK D ESQ.
201 S. BISCAYNE BLVD.
SUITE 1600
MIAMI FL 33131

Name ~~Mark D Hobson~~ Patricia A. Lee
Street Address (P.O. Box Number is Not Acceptable)
1132 Grand Cay Drive
City Palm Beach Gardens FL Zip 33418

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 *Patricia A. Lee*
Signature, typed or printed name of registered agent and title, if applicable

Patricia A. Lee
(NOTE: Registered Agent signature required when reinstating)

4/9/07
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 DPST
NAME HOBSON, SEAN B ☐ Delete
STREET ADDRESS 257 SW 32ND RD.
CITY- ST- ZIP MIAMI FL 33129

TITLE ~~DPST~~ ☒ Change ☐ Addition
NAME ~~Sean Lee~~ Sean Lee, (change of name due to divorce)
STREET ADDRESS 1132 Grand Cay Drive
CITY- ST- ZIP Palm Beach Gardens, FL 33418

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

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 exemptions contained in Section 119, 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.

SIGNATURE: *Sean B. Hobson (Lee)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/07 305-613-1305
Date Daytime Phone #