

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000010264

1. Entity Name

HOBO'S OIL SERVICES, INC.

FILED

02 OCT 18 AM 11:37

Principal Place of Business

~~724 S BROOKSVILLE AVE~~
BROOKSVILLE FL 34001
US

Mailing Address

P.O. BOX 10504
BROOKSVILLE FL 34601-0504
US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 02
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

525 OAKHILL COURT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BROOKSVILLE, FL

City & State

Zip

34601

Country

Zip

Country

4. FEI Number

59-3163912

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EVANS, MICHAEL E

~~724 S BROOKSVILLE AVENUE~~
BROOKSVILLE FL 34601 x

7. Name and Address of New Registered Agent

Name

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

525 OAKHILL COURT

City

BROOKSVILLE,

FL

Zip Code
34601

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

Michael E Evans

10-14-02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
NAME D
STREET ADDRESS EVANS, MICHAEL E
CITY-ST-ZIP 525 OAKHILL CT
BROOKSVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600008547316
CITY-ST-ZIP 10/23/02--01003--024 **750.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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)(f), 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:

Michael E Evans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-02

Date

Deputy Phone #

CR2E034 (4/02)