UNIFOR	M BUSI	NESS REPO	ORT	(UB	R)					
DOCUMENT # P93000010264 1. Entity Name HOBO'S OIL SERVICES, INC.						FILED 02 0CT 8 AM : 37				
Syllyte/Ante/ FL 2460b	P.O. BOX 10504 BROOKSVILLE FL 34601-0504 US				TALL	AHASSEE. F	FLORIDA	Al 18 8 0 as ua 22	1/8 3	
ace of Business	3. Mailing Address									
KHILL COUI	RT	Suite, Apt. #, etc.				REIN	STAIL			2
WILLE DE	City & State								Applied For	
Country		Zip Coun		rv	- 		59-316391			Not Applicable
6. Name and Address of Current				···				_	Fee Requi	dditional red
		g.o.o.		Name =		. Name and	Address of New	Registered	Agent	· -
EVANS, MICHAEL E **********************************				Street Ad 5 2 5	ddress (P.C). Box Numbe	r is Not Acceptab	ole)		
2 The shows powed with 1				City BRO	OKSVI	LLE,	· · · · · · · · · · · · · · · · · · ·	FI	Zip Co 346	ode 5 0 1
ns of registered agent	his statement for th	e purpose of changing its	registered	d office or	registered	agent, or both	n, in the State of F	lorida. Lan	n familiar with	n, and accept
ignature, typed or printed name	of registered agent and a	the if applicable (NOTE	m			·		10-1	402	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!! After September 13,				S \$550.0 ee will be	00 9 \$750.00	10. Elec	tion Campaign Fi	nancing on,	\$5.0 Adde	00 May Be
	FFICERS AND DIF		12.			ADDITIONS/C	HANGES TO OF	FICERS AN	D DIRECTOR	RS IN 11
) Evans, Michael e 125 Oakhill Ct Brooksville fl		☐ Delete		1				-	Change	C Addition
		Delete	TITLE NAME STREET	ADDRESS					☐ Change	☐ Addition
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Delete	NAME STREET	ADDRESS	<del></del> -				Change	Addition
<del>, , , , , , , , , , , , , , , , , , , </del>		☐ Delete	CITY-ST	T-ZIP					Channe	Addition
									onungo	
		□ Delete	TITLE NAME STREET A	ADDRESS					☐ Change	☐ Addition
		☐ Delete	TITLE NAME STREET A	DDRESS					☐ Change	Addition
	MENT # e DIL SERVICES, e of Business SMLX5/AV5x FL 24401x ace of Business AKHILL COUL f, etc.  VILLE, FL Country  6. Name and Addr CHAELE CMKS/IM X AVENUE LE FL 34601x amed entity submits to ns of registered agent gnature, typed or printed name ation is eligible to satis quirement and elects to on back)  CVANS, MICHAEL E 125 OAKHILL CT	MENT # P93000  DIL SERVICES, INC.  of Business  SMLX5/AV5  FL 24401x  ace of Business  KHILL COURT  f, etc.  VILLE, FL  Country  6. Name and Address of Current Re  CHAEL E  CHAEL E  CHASULE AVENUE  LE FL 34601x  amed entity submits this statement for the ns of registered agent.  Grant of registered agent.  gnature, typed or printed name of registered agent and the did not be eligible to satisfy its Intangible quirement and elects to do so.  OFFICERS AND DIR  OFFICERS AND DIR	MENT # P93000010264 e DIL SERVICES, INC.  a of Business BNUK6/AV6K FL 24400  ace of Business AKHILL COURT f, etc.  VILLE, FL  Country  City & State  CHAEL E  CHASTINE AMORN  CHAEL E  CHASTINE AMORN  CHAEL FL  CHAEL F	MENT # P93000010264 e DIL SERVICES, INC.  Mailing Address SMUSSANS EP. D. BOX 10504 BROOKSVILLE FL 34601-0504 US  ace of Business IKHILL COURT F. etc.  Suite, Apt. #, etc.  City & State  CHAEL E CISSANIX XIVENINE LE FL 34604 X  Amend and Address of Current Registered Agent  CHAEL E CISSANIX XIVENINE LE FL 34604 X  Amend and elects to do so. On back)  OFFICERS AND DIRECTORS  Delete  TILL BROOKSVILLE FL  Delete  TILL NAME STREET CITY-ST  Delete TILL NAME STREET CITY-ST  Delete TILL NAME STREET CITY-ST  Delete TILL NAME STREET CITY-ST  Delete TILL NAME STREET CITY-ST  Delete TILL NAME STREET CITY-ST  Delete TILL NAME STREET CITY-ST  Delete TILL NAME STREET CITY-ST  Delete	MENT # P93000010264  be of Business	DIL SERVICES, INC.  In Both Ings.  In Both In Both In Both Ings.  In Both In Both In Both Ings.  In Both In Both Ings.  In Both In Both In Both In Both Ings.  In Both In B	MENT # P93000010264  be of Business	DIL SERVICES, INC.  02 0CT 18 AM  SECRETARY, OF  JALLAHASSEE F  SMOKSWILE FL 34801-0504 US  3. Mailing Address ROOKSWILE FL 34801-0504 US  3. Mailing Address KHILL COURT A, etc.  Suile, Apt. 8, etc.  VILLE, FL  Country  Country	DIL SERVICES, INC.  O2 OCT 1.6 AM II: 37  SECRETARY OF STATE FALLARISSEE FLORIDA  SECRETARY  SECRE	MENT # P93000010264  OIL SERVICES, INC.  O2 OCT 18 AM II: 37  SECRETARY OF STATE INLINEASEMENT FLORIDA  ROSSINGLE FL. MICHOSO  US  SECRETARY OF STATE INLINEASEMENT FLORIDA  A. FEI Number 59-31639 12  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  SR. 75 A  Secretary OF STATE INLINEASEMENT FLORIDA  A. FEI Number 59-31639 12  T. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  TO - Ye C2  POTENTIAL STATE  STATE AND STATE INLINEASEMENT FLORIDA  FLE SSSO. DO  After September 13, 2007 Fee will be ST350. DO  After September 13, 2007 Fee will be ST350. DO  After September 13, 2007 Fee will be ST350. DO  After September 13, 2007 Fee will be ST350. DO  After September 13, 2007 Fee will be ST350. DO  After September 13, 2007 Fee will be ST350. DO  After September 13, 2007 Fee will be ST350. DO  After September 13, 2007 Fee will be ST350. DO  After September 13, 2007 Fee will be ST350. DO  After September 13, 2007 Fee will be ST350. DO  After September 13, 2007 Fee will be ST350. DO  After September 13, 2007 Fee will be ST350. DO  After September 13, 2007 Fee will be ST350. DO  After September 13, 2007 Fee will be ST350. DO  After September 13, 2007 Fee will be ST350. DO  After September 13, 2007 Fee will be ST350. DO  After September 13, 2007 Fee will be ST350. DO  After September 13, 2007 Fee will be ST350. DO  After September 13, 2007 Fee will be ST350. DO  After September 13, 2007 Fee will be ST350. DO  After September 13, 2007 Fee will be ST350. DO  After September 13, 2007 Fee will be ST350. DO  After September 13, 2007 Fee will be ST350. DO  After September 14, 2007 Fee will be ST350. DO  After September 14, 2007 Fee will be ST350. DO  After September 14, 2007 Fee will be

13 I nereoy 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 changed, or on an attachment with an address, with all other like empowered.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

SIGNATURE:

10-1402 Date