## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **P94000088324** 1. Entity Name HP&J-COCOA, INC. 4-26-2001 90029 025 \*\*\*150.00 Principal Place of Business Mailing Address 105 S NARCISSUS STREET SUITE 510 105 S NARCISSUS STREET SUITE 510 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0529869 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PERRY, ANN H Street Address (P.O. Box Number is Not Acceptable) 1621 NW 10 STREET **BOCA RATON FL 33486** City 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Delete Addition TITLE TIT! F Change HANSON, MARY J NAME NAME 301 OCEAN BLUFFS BLVD APT 306 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 34477 TD TITLE Delete TITLE ☐ Change Addition PERRY, ANN H NAME NAME 1621 NW 10 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33486** CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition JENSEN, BONNI S NAME NAME STREET ADDRESS 91 W PLUMOSA LANE STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33467 CITY-ST-ZIP Change ☐ Delete TITLE HILE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE TITI.E Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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)(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 11 or Block 12 if changed, or on an attachment of the corporation of th

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

De!ete

4-19-01 (54) 833-0058

Daytime Phone #

Change

☐ Addition

CR2E034 (10/00