## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P95000037169 Apr 04, 2000 8:00 am Secretary of State 1. Entity Name HOBBS FINANCIAL SERVICES, INC. 04-04-2000 90049 049 \*\*\*150.00 Principal Place of Business Mailing Address 5946 MAIN ST 5946 MAIN ST **NEW PORT RICHEY FL 34652** NEW PT RICHEY FL 34652-2716 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3315570 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOBBS, KAROLYN K Street Address (P.O. Box Number is Not Acceptable) 5946 MAIN ST **NEW PORT RICHEY FL 34652** Zip Code FL 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 \_ DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE Change TITLE HOBBS, KAROLYN K NAME NAME 1939 LIBBY COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HOLIDAY FL 34690 ☐ Change Addition ☐ Delete TITLE TITLE HOBBS, CHARLES H NAME NAME 1939 LIBBY CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLIDAY FL 34690 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR MINTED NAME OF SIGNING OFFICER OF DIRECTO

3/29/00

147 846 - 00 37 Daytime Phone #