

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000047817

1. Entity Name  
HOOKED, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90042 016 \*\*\*150.00

Principal Place of Business

273 CENTRAL AVE.  
ST PETERSBURG FL 33701

Mailing Address

273 CENTRAL AVE  
ST PETERSBURG FL 33701-3325  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3333746**

Applied For  
Not Applicable

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

HADDAD, GREGORY  
1801 PASS-A-GRILLE WAY  
ST. PETE BEACH FL 33706

Name

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

City

FL

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

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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          | P                       | <input type="checkbox"/> Delete |
| NAME           | HADDAD, GREGORY         |                                 |
| STREET ADDRESS | 1801 PASS-A-GRILLE WAY  |                                 |
| CITY-ST-ZIP    | ST. PETE BEACH FL 33706 |                                 |
| TITLE          | VP                      | <input type="checkbox"/> Delete |
| NAME           | HADDAD, DEANNA          |                                 |
| STREET ADDRESS | 1801 PASS-A-GRILLE WAY  |                                 |
| CITY-ST-ZIP    | ST. PETE BEACH FL 33706 |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

|                |  |  |
|----------------|--|--|
| TITLE          |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |  |
| STREET ADDRESS | <del>273 Central Ave</del> 273 Central Ave |  |
| CITY-ST-ZIP    | St Petersburg, FL 33701                    |  |
| TITLE          |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |  |
| STREET ADDRESS | 273 Central Ave                            |  |
| CITY-ST-ZIP    | St Petersburg, FL 33701                    |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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)(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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

727-898-0071

Daytime Phone #

CR2E034 (9/99)