

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # P96000020407

1. Entity Name
HOSPITALITY CONTRACTORS, INC.

Principal Place of Business
2914 FOREST CLUB DRIVE
PLANT CITY FL 33567

Mailing Address
2914 FOREST CLUB DRIVE
PLANT CITY FL 33567

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3380731

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRISON JOSEPH A
3500 SOUTH FLORIDA AVE

LAKELAND FL 33813 US

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 _____ DATE 04/30/2001

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, 2001 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 DS ☒ Delete
NAME OWENS MARY JO
STREET ADDRESS 2555 PARTRIDGE DR
CITY-ST-ZIP WINTER HAVEN FL 33844

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

TITLE DV ☒ Delete
NAME OWENS RICHARD C.
STREET ADDRESS 2555 PARTRIDGE DR
CITY-ST-ZIP WINTER HAVEN FL 33884

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

TITLE DP ☐ Delete
NAME CLEMENT DAVID R
STREET ADDRESS 2914 FOREST CLUB DRIVE
CITY-ST-ZIP PLANT CITY FL 33567

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: David R. Clement

DP

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

DAVID H. CALLEN, D
111 W. FORTUNE STREET

TAMPA, FL 33602

MONICA D. CLEMENT, DS
2914 FOREST CLUB DRIVE

PLANT CITY, FL 33567