

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90094 045 ***150.00

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1. Entity Name

HOOKE ON COMICS, INC.



Principal Place of Business

**3643 W WATERS AVE
TAMPA FL 33614**

Mailing Address

**1631 SPRING LAKE DRIVE
CLEARWATER FL 33759**

2. Principal Place of Business

4149 N. WATERS

3. Mailing Address

Suite, Apt. #, etc.

TAMPA

City & State

FL

City & State

Zip

33614

Country

U.S.A.

Zip

Country

4. FEI Number

59-3424586

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EVANS, H. MICHAEL

**2123 N.E. COACHMAN ROAD, SUITE A
CLEARWATER FL 34625**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PST
EIRISH, SEAN E.
1631 SPRING LAKE DR.
CLEARWATER FL 34619**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
EIRISH, SANDRA L
1631 SPRING LAKE DR
CLEARWATER FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PRESIDENT / S/T
EIRISH, SANDRA L.
1631 SPRING LAKE DR.
CLEARWATER, FL. 33759**

**VP
EIRISH, IAN M.
1631 SPRING LAKE DR.
CLEARWATER, FL. 33759**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-03

Date

813-885-5171

Daytime Phone #

CR2E034 (10/02)