

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000028673

1. Entity Name

HERP HOBBY SHOP, INC.

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

05-02-2000 90048 001 ***150.00

Principal Place of Business

3130 TAMPA RD. SUITE 8
OLDSMAR FL 34677

Mailing Address

3130 TAMPA RD. SUITE 8
OLDSMAR FL 34677-2292

2. Principal Place of Business

485A Douglas Rd

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oldsmar

City & State

FL

4. FEI Number

59-3445398

Applied For

Not Applicable

Zip

34677

Country

USA

Zip

34677

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POTTS, ANDREW
3130 TAMPA RD, SUITE 8
OLDSMAR FL 34677

7. Name and Address of New Registered Agent

Name

Andrew Potts

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

485A Douglas Rd

City

Oldsmar

FL

Zip Code

34677

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

Robert A Potts

Robert A Potts

4-24-00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	POTTS, ROBERT O	
STREET ADDRESS	156 ANNWOOD RD	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	D	<input type="checkbox"/> Delete
NAME	POTTS, ANDREW	
STREET ADDRESS	156 ANNWOOD RD	
CITY-ST-ZIP	PALM HARBOR FL 34685	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

Robert A Potts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

Date

813-925-0041

Daytime Phone #

CR2E034 (9/99)