2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #: P97000028673

1. Entity Name

HERP HOBBY SHOP INC.

FILED
01 DEC 24 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
485 DOUGLAS RD. #A OLDSMAR, FL 34677	485 DOUGLAS RD. #A OLDSMAR, FL 34677

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3445398 ☐ 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
POTTS, ROBERT O. 3505 TARPON WOODS BLVD. APT#Q410 PALM HARBOR, FL 34685	Name POTTS, ROBERT O Street Address (P.O. Box Number is Not Acceptable) 3505 TARPON WOODS BLVD APT. #Q410 City PALM HARBOR 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 O Potts 11-3-01
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 NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete POTTS, ROBERT O 3505 TARPON WOODS BLVD. APT. Q410 PALM HARBOR, FL 34677	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 200004781052--8 -01/17/02--01016--012 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Delete POTT, ANDREW 156 ANNWOOD RD. PALM HARBOR, FL 34677	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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 O Potts 11-3-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

To whom it may concern,

I did not recieve my (UBR).
This is why I am filing late.
Please call me if you have
any questions. 1-813-925-0041

Thanks,

Bob Potts
-Herp Hobby Shop