## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P97000086345 Apr 27, 2000 8:00 am Secretary of State HOT SPOT CHARTER, INC. 04-27-2000 90044 037 \*\*\*150.00 Principal Place of Business Mailing Address 5409 JEFFERSON ST 5409 JEFFERSON ST HOLLYWOOD FL 33021-7121 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0786764 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TEPLICKI, JESSE Street Address (P.O. Box Number is Not Acceptable) 5409 JEFFERSON ST HOLLYWOOD FL 33021 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PTD ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME TEPLICKI, JESSE A NAME STREET ADDRESS STREET ADDRESS 5409 JEFFERSON ST CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME TEPLICKI, BRENDA L NAME STREET ADDRESS 5409 JEFFERSON ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: