

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000005337

Entity Name
HOBAN CONSTRUCTION, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90143 043 ***158.75

Principal Place of Business
300 GREYMON DRIVE
SUITE 3
WEST PALM BEACH FL 33405

Mailing Address
300 GREYMON DRIVE
SUITE 3
WEST PALM BEACH FL 33405



Principal Place of Business
4609 Georgia Avenue
Suite, Apt. #, etc.

3. Mailing Address
4609 Georgia Avenue
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
West Palm Beach, FL
Zip Country
33405 USA

4. FEI Number 65-0813790
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

GRATHAM, KIRK
1860 FOREST HILL BLVD.
SUITE 105
WEST PALM BEACH FL 33406

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

1. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|---------------------------------|------|----------------|---|---|------|----------------|-------------|
| <input type="checkbox"/> Delete | D | HOBAN, SEAMUS | 300 GREYMON DRIVE WEST PALM BEACH FL 33405 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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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: Seamus Hoban
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.5.02 561-655-2600

Date Daytime Phone #

CR2E034 (9/01)