

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                                                                                                                                                        |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
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| <b>DOCUMENT #</b> P98000008052                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                       |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| 1. Entity Name<br><b>HOPPER CONSTRUCTION &amp; EXCAVATION AND POOLS &amp; SPAS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |                                                                                                                                                        |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| Principal Place of Business<br>3430 DELTONA BLVD<br>SPRING HILL FL 34606                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             | Mailing Address<br>P.O. BOX 5814<br>SPRING HILL FL 34611                                                                                               |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             | 3. Mailing Address                                                                                                                                     |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             | Suite, Apt. #, etc.                                                                                                                                    |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                             | City & State                                                                                                                                           |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Country                     | Zip                                                                                                                                                    | Country |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HOPPER, BARRY<br/>3430 DELTONA BLVD<br/>SPRING HILL FL 34609</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             | 7. Name and Address of New Registered Agent<br><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ 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 _____<br><small>(Signature: typed or printed name of registered agent and title if applicable)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |                                                                                                                                                        |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             | 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fee                                            |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS                                                                                                        |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:90%;">NAME</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>HOPPER, BARRY</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>3430 DELTONA BLVD</b></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td><b>SPRING HILL FL 34609</b></td> <td></td> </tr> </table>                                                                                                                                                                           |                             | TITLE                                                                                                                                                  | NAME    | <input type="checkbox"/> Delete | NAME | <b>HOPPER, BARRY</b> |  | STREET ADDRESS | <b>3430 DELTONA BLVD</b> |  | CITY- ST- ZIP | <b>SPRING HILL FL 34609</b> |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:90%;">NAME</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td><b>Secretary</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>Richard Hopper</b></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td><b>13323 Steves Ct</b></td> <td></td> </tr> <tr> <td></td> <td><b>Spring Hill FL 34609</b></td> <td></td> </tr> </table>  |  | TITLE | NAME | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add | NAME | <b>Secretary</b> |  | STREET ADDRESS | <b>Richard Hopper</b> |  | CITY- ST- ZIP | <b>13323 Steves Ct</b>  |  |  | <b>Spring Hill FL 34609</b> |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NAME                        | <input type="checkbox"/> Delete                                                                                                                        |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>HOPPER, BARRY</b>        |                                                                                                                                                        |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>3430 DELTONA BLVD</b>    |                                                                                                                                                        |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>SPRING HILL FL 34609</b> |                                                                                                                                                        |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NAME                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add                                                                                |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Secretary</b>            |                                                                                                                                                        |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Richard Hopper</b>       |                                                                                                                                                        |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>13323 Steves Ct</b>      |                                                                                                                                                        |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Spring Hill FL 34609</b> |                                                                                                                                                        |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
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| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NAME                        | <input type="checkbox"/> Delete                                                                                                                        |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                                                                                                                                        |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                                                                        |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                                                                                                                                        |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NAME                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add                                                                                |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Treasurer</b>            |                                                                                                                                                        |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Vincent Hopper</b>       |                                                                                                                                                        |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>13005 Montego St</b>     |                                                                                                                                                        |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Spring Hill FL 34609</b> |                                                                                                                                                        |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
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| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NAME                        | <input type="checkbox"/> Delete                                                                                                                        |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                                                                                                                                        |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                                                                        |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                                                                                                                                        |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NAME                        | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                           |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                                                                                                                                        |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                                                                        |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                                                                                                                                        |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
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| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NAME                        | <input type="checkbox"/> Delete                                                                                                                        |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                                                                                                                                        |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                                                                        |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                                                                                                                                        |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NAME                        | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                           |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                                                                                                                                        |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                                                                                        |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                                                                                                                                        |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. Further, I 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 of this report, changed, or on an attachment with an address, with all other like empowered. |                             |                                                                                                                                                        |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |
| SIGNATURE: <u>Barry Hopper</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             | Barry Hopper      2/6/03      (352) 683-5375<br><small>Signature and typed or printed name of signing officer or director</small>                      |         |                                 |      |                      |  |                |                          |  |               |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |       |      |                                                                         |      |                  |  |                |                       |  |               |                         |  |  |                             |  |

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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3492915**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

|                                                                                                                                      |  |                     |
|--------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|
| <b>HOPPER CONSTRUCTION &amp; EXCAVATION<br/>AND POOLS &amp; SPAS, INC.</b>                                                           |  | 487                 |
| DATE <u>2-6-03</u>                                                                                                                   |  | 62-1382/630<br>623  |
| PAY TO THE ORDER OF <u>Department of State</u> \$150<br><u>One hundred fifty only</u> DOLLARS                                        |  |                     |
|  <b>Compass Bank</b><br>Spring Hill, Florida (66) |  |                     |
| FOR <u>2003 UBR Report</u>                                                                                                           |  | <u>Barry Hopper</u> |