

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90102 007 ***150.00

DOCUMENT # P98000031845



1. Entity Name
HOPPER'S CONSTRUCTION, INC.

Principal Place of Business
**126 E END RD
SAN MATEO FL 32187**

Mailing Address
**P.O. BOX 292
126 E END RD
SAN MATEO FL 32187**

2. Principal Place of Business
126 East End Rd
Suite, Apt. #, etc.

3. Mailing Address
PO Box 292
Suite, Apt. #, etc.
126 E. End Rd.

City & State
San Mateo FL

City & State
San Mateo, FL.

4. FEI Number **59-1648130**

Applied For
Not Applicable

Zip Country
32187 Putnam

Zip Country
32187 Putnam

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

**HOPPER, PAUL T SR
126 EAST END ROAD
SAN MATEO FL 32187**

Name **No Change**

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

City **FL** 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. **No Change**

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HOPPER, PAUL T SR**
STREET ADDRESS **126 EAST END ROAD**
CITY-ST-ZIP **SAN MATEO FL 32187**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **HOPPER, ALLEN R**
STREET ADDRESS **126 E. END RD**
CITY-ST-ZIP **SAN MATEO FL 32187**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **HOPPER, MICHAEL M**
STREET ADDRESS **126 E. END RD**
CITY-ST-ZIP **SAN MATEO FL 32187**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Paul T. Hopper, Sr.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-03 386-328-7251
Date Daytime Phone #

CR2E034 (10/02)