

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000033644

1. Entity Name

R. & B.'S HAWG POUND INC.

**FILED**  
**Jun 29, 2000 8:00 am**  
**Secretary of State**

06-29-2000 90633 024 \*\*\*150.00

Principal Place of Business

Mailing Address

~~5712 GRAY RD.~~  
~~WESLEY CHAPEL FL 33543~~

~~5712 GRAY RD.~~  
~~WESLEY CHAPEL FL 33540 4608~~

2. Principal Place of Business

3. Mailing Address

5413 23rd St.

5413 23rd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zephyrhills, FL

Zephyrhills, FL

Zip

Country

Zip

Country

33540

USA

33540

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, RICHARD

~~5712 GRAY RD.~~

~~WESLEY CHAPEL FL 33543~~

Name

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

5413 23rd St.

City

Zephyrhills

FL

Zip Code

33540

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input type="checkbox"/> Delete
NAME	SMITH, RICHARD	
STREET ADDRESS	<del>5712 GRAY RD.</del>	
CITY-ST-ZIP	<del>WESLEY CHAPEL FL 33543</del>	
TITLE	VT	<input type="checkbox"/> Delete
NAME	SMITH, BRENDA	
STREET ADDRESS	<del>5712 GRAY RD.</del>	
CITY-ST-ZIP	<del>WESLEY CHAPEL FL 33543</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5413 23rd St.	
CITY-ST-ZIP	Zephyrhills, FL 33540	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5413 23rd St.	
CITY-ST-ZIP	Zephyrhills FL 33540	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

Brenda F. Smith BRENDA F. SMITH V.P. 6/22/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E014 01/199