

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90157 027 ***150.00

DOCUMENT # P98000057714

1. Entity Name
HOBBS INVESTMENTS, INC.

Principal Place of Business
1000 EMMETT STREET
SUITE 201
KISSIMMEE FL 34741

Mailing Address
1000 EMMETT STREET
SUITE 201
KISSIMMEE FL 34741



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3860 Friars Cove Rd.

3. Mailing Address

3860 Friars Cove Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Cloud, FL 34772

City & State

St. Cloud, FL 34772

4. FEI Number

65-0847144

Applied For

Not Applicable

Zip

34772

Country

U.S.

Zip

34772

Country

U.S.

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

HOBBS, JACK
1000 EMMETT ST
STE 201
KISSIMMEE FL 34741

Name

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

3860 Friars Cove Rd

City

St. Cloud

FL

Zip Code

34772

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

1/17/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HOBBS, JACK
1000 EMMETT STREET, SUITE 201
KISSIMMEE FL 34741

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Hobbs, Jack
3860 Friars Cove Rd
St. Cloud, FL 34772

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02

Date

Daytime Phone #

CR2E034 (9/01)