

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091215

1. Entity Name

HOOKE & TIBBETTS, INC.

Principal Place of Business

Mailing Address

3300 FAIRFIELD AVENUE SOUTH
ST. PETERSBURG FL 33712

3300 FAIRFIELD AVENUE SOUTH
ST. PETERSBURG FL 33712-1818

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3542917

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRANDES, RUSSEL P
3300 FAIRFIELD AVENUE SOUTH
ST. PETERSBURG FL 33712

Name

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.

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 D
NAME TIBBETTS, LINTON N
STREET ADDRESS 3300 FAIRFIELD AVE. SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33712

☐ Delete

TITLE D, P, S
NAME Tibbetts, Linton N.
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D
NAME HOOKER, DONNA
STREET ADDRESS 1924 HIGHWAY 76
CITY-ST-ZIP ADAMS TN 37010

☐ Delete

TITLE D, VP, T
NAME Hooker, Donna
STREET ADDRESS 3724 Riverbrook Drive
CITY-ST-ZIP Louisville TN 37777

☒ Change ☐ Addition

TITLE VP
NAME BRANDES, RUSSEL P
STREET ADDRESS 729 SUWANNEE ST NE
CITY-ST-ZIP ST PETERSBURG FL 33702

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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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:

Russel P. Brandes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Russel P. Brandes, VP

Date

Daytime Phone #

727-327-4803

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90187 008 ***158.75



DO NOT WRITE IN THIS SPACE