

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State
 02-13-2002 90245 005 ***150.00

02/06/02 AV

DOCUMENT # P99000017486

1. Entity Name
HOOKS WELDING, INC.

Principal Place of Business

**1432 W. AVE.A
 BELLE GLADE FL 33430**

Mailing Address

**P O BOX 369
 BELLE GLADE FL 33430**

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 **65-0898143**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CUMPTON, DEBORAH H
 1432 W. AVE.A
 BELLE GLADE FL 33430**

7. Name and Address of New Registered Agent

Name **CUMPTON, DEBORAH H.**
 Street Address (P.O. Box Number is Not Acceptable)
1108 N.E. 1ST STREET
 City **BELLE GLADE** FL Zip Code **33430**

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 _____ (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, 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

TITLE	V	<input type="checkbox"/> Delete
NAME	CUMPTON, DEBORAH H	
STREET ADDRESS	1432 W. AVE.A	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	P	<input type="checkbox"/> Delete
NAME	HOOKS, JAMES L SR	
STREET ADDRESS	1773 GALLOP DRIVE	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOOKS, POLLY	
STREET ADDRESS	1773 GALLOP DRIVE	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	T	<input type="checkbox"/> Delete
NAME	CROSBY, EDWARD B JR	
STREET ADDRESS	609 EL PRADO APT 1	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBORAH H. CUMPTON	
STREET ADDRESS	1108 N.E. 1ST STREET	
CITY-ST-ZIP	BELLE GLADE, FL. 33430	
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: **DEBORAH H. CUMPTON** (Signature) **Vice Pres.** 1-29-02 561-996-4021
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)