

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 31, 2004 8:00 am**  
**Secretary of State**

08-31-2004 90001 023 \*\*\*550.00

DOCUMENT # P99000045743  
1. Entity Name POCK ACQUISITION GROUP Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2759 ALDINE CIRCLE  
Suite, Apt. #, etc.

3. Mailing Address  
PO BOX 91659  
Suite, Apt. #, etc.

**54070921**

DO NOT WRITE IN THIS SPACE

City & State LAKELAND FL Zip 33801 Country POCK

City & State LAKELAND FL Zip 33804 Country POCK

4. FEI Number 593 Applied For ☐ Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Richard HAUSER

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

2759 ALDINE CIRCLE

City LAKELAND

FL

Zip Code

33801

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.

SIGNATURE Richard Hauser

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT - PO</u> <u>RICHARD J HAUSER</u> <u>PO BOX 91569 LAKELAND FL</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PO</u> <u>RICHARD J HAUSER</u> <u>2759 ALDINE CIRCLE</u> <u>LAKELAND FL</u> <u>33801</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard Hauser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-20-04

Date

Daytime Phone #

CR2E034B (12/02)

ATTACHMENT

54070921

I NEED HELP FOR FORM'S

THE NEW LAW-

SELF EMPLOYMENT

EMPT (WORKMAN COM)

APPLICATION FOR

RE-ISSUANCE OF NOTICE

OF ELECTION TO BE

EMPT.

(CONSTRUCTION ONLY)

ANY QUESTION CALL

863 370-5086

Thank you

rich