

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90109 022 \*\*\*150.00

0584826  
AV

**DOCUMENT # P99000066070**

1. Entity Name  
**VAN HOOK PROPERTIES, INC.**



Principal Place of Business  
**1617 CUMBERLAND CT. E.  
PALM HARBOR FL 33683**

Mailing Address  
**1617 CUMBERLAND CT. E.  
PALM HARBOR FL 33683**

2. Principal Place of Business  
**1155 TAMPA RD**  
Suite, Apt. #, etc.

3. Mailing Address  
**1155 TAMPA RD**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**PALM HARBOR, FL**  
Zip  
**34683** Country  
**USA**

City & State  
**PALM HARBOR, FL**  
Zip  
**34683** Country  
**USA**

4. FEI Number **59-3589769** Applied For  
Not Applicable

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

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

**WATKINS, CARL T  
5103 MEMORIAL HWY  
TAMPA FL 33634**

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	<b>D</b> <b>VAN HOOK, GREGORY J</b> <b>1617 CUMBERLAND CT. E.</b> <b>PALM HARBOR FL 33683</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>VANBECK, GREGORY J</b> <b>1617 CUMBERLAND</b> <b>PALM HARBOR FL 34683</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O/P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/24/03** **727.785.1610**  
Date Daytime Phone #

CR2E034 (10/02)

Attachment#

80065079  
P99000066070

**VH** **VAN HOOK**  
PROPERTIES

Office: (727) 785-1610  
Direct: (727) 455-7452  
Fax: (727) 785-3305  
greg@vanhookproperties.com  
www.vanhookproperties.com

**Gregory J. Van Hook**  
**Broker**

1155 Tampa Rd.  
Palm Harbor, FL 34683

