

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069906

1. Entity Name
RONALD HOCK'S SPORTING GOODS, INC.

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90056 005 ***150.00

Principal Place of Business
190 MIMOSA STREET
FORT WALTON BEACH FL 32548

Mailing Address
190 MIMOSA STREET
FORT WALTON BEACH FL 32548

C0016396



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
19 MIMOSA ST
Suite, Apt. #, etc.

3. Mailing Address
19 MIMOSA ST
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3597923**

Applied For
Not Applicable

Zip Country

Zip Country

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

HOCK, RONALD A
190 MIMOSA STREET
FORT WALTON BEACH FL 32548

Name
Street Address (P.O. Box Number is Not Acceptable)
19 MIMOSA ST
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 *Ronald A Hock*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/29/01**

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	HOCK, RONALD A	
STREET ADDRESS	19 MIMOSA STREET	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE		<input type="checkbox"/> Delete
NAME		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/01 243-7837

CR2E034 (10/00)