2000 UNIFORM BUSINESS REPORT (UBR)

05-19-2000 90064 002 ***158.75

DOCUMENT # P99000098348

1. Entity Name

Hobbs Plumbing and Mechanical, Inc.

FILED

00 JUL 27 PM 2:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
809 FLORIDA AVE STE B LYNN HAVEN FL 32444	P O BOX 1446 LYNN HAVEN FL 32444-6246

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country: USA	Zip / Country: USA

4. FEI Number: 59-3640807 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KENNETH S. HOBBS
809 B FLORIDA AV
LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent

Name

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

City: Panama 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.

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 $500.00
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 ONLY
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	PRESIDENT K. Scott Hobbs 809 B FLORIDA AV LYNN HAVEN, FL 32444
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	V.P. / Secretary V. Kenneth Hobbs 809 B FLORIDA AV LYNN HAVEN FL 32444
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	

☐ 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: _____ 04/26/00 (850) 235-8859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #