

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 14, 2000 8:00 am
Secretary of State**

01-14-2000 90027 030 ***150.00

DOCUMENT # V09970

1. Entity Name

HOBBY ELECTRONICS, INC.

Principal Place of Business

Mailing Address

727 W SUNSET BLVD
FORT WALTON BEACH FL 32547
USP O BOX 1526
727 W SUNSET BLVD*****
FORT WALTON BEACH FL 32549-1526
US

2. Principal Place of Business

3. Mailing Address

222 MIRACLE STRIP PKWY SE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

FT. WALTON BCH, FL

4. FEI Number

59-3107774

Applied For

Not Applicable

Zip

Country

Zip

Country

32548 OKALOOSA5. 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

MERRIWETHER, CHARLES E
C/O HOBBY ELECTRONICS, INC.
727 W SUNET BLVD
FT. WALTON BEACH FL 32547

Name

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

222 MIRACLE STRIP PKWY, S.E.

City

FT. WALTON BCH**FL**

Zip Code

32548

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

CHARLES E. MERRIWETHER

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/08/009. 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 \$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	D	<input type="checkbox"/> Delete
NAME	MERRIWETHER, CHARLES	
STREET ADDRESS	554 CORAL COURT UNIT 209	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MERRIWETHER, H. ANN	
STREET ADDRESS	554 CORAL COURT UNIT 209	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	281 VININGS WAY BLVD #120B
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	281 VININGS WAY BLVD #120C
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CHARLES E. MERRIWETHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/08/00

Daytime Phone #

850-243-0101