

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V31831

1. Entity Name

BOBBY SMAGGS, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90046 038 ***150.00

Principal Place of Business

Mailing Address

4699 N. FEDERAL HIGHWAY
SUITE 208-G
POMPANO BEACH FL 33064

4699 N. FEDERAL HIGHWAY
SUITE 208-G
POMPANO BEACH FL 33064-6510

2. Principal Place of Business

111 BRINY AVE, PBCS
Suite, Apt. #, etc.
#2414 150. Tower

3. Mailing Address

2201 VAUGHN LAKES BVD.
Suite, Apt. #, etc.
#231B

City & State
POMPANO BEACH, FL

City & State
MONTGOMERY, AL

Zip
33062

Country
FLORIDA

Zip
36117

Country
MONTGOMERY

4. FEI Number
65-0326848

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SMAGULA, EMIL R.
111 BRINY AVENUE
SUITE 2414
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name
~~BOB SMAGGS, INC.~~ HCRM Corp.
Street Address (P.O. Box Number is Not Acceptable)
2200 CORPORATE BVD., NW
401
City
BOCA RATON FL Zip Code
33431

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 David J. H. A. Vice Pres
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
4/21/00

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 \$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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SMAGULA, E. R.	
STREET ADDRESS	4699 N. FED. HWY #208-G	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	ATKINSON, CYNTHIA C.	
STREET ADDRESS	111 BRINY AVE, POMPANO BEACH CLUBS	
CITY-ST-ZIP	#2414 POMPANO BEACH, FL 33062	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Cynthia C. Atkinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
4/17/00 404-786-6793
Daytime Phone #

CR2E034 (9/99)