## **2001 UNIFORM BUSINESS REPORT (UBR)**

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

## Apr 03, 2001 8:00 am Secretary of State **DOCUMENT # V68633** 1. Entity Name HOPKINS MOTOR CO., INC. 04-03-2001 90114 003 \*\*\*150.00 Mailing Address Principal Place of Business 2700 U.S. HWY 90 WEST 2700 U.S. HWY 90 WEST LAKE CITY FL 32055 LAKE CITY FL 32055 C0041348 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3143921 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOPKINS, JOHN S Street Address (P.O. Box Number is Not Acceptable) 10011 NW 50TH TERR **GAINESVILLE FL 32653** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Addition ☐ Change Delete TITLE TITLE NAME HOPKINS, THOMAS F. NAME STREET ADDRESS STREET ADDRESS 2033 MAIN STREET, SUITE 600 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Change ☐ Addition PD □ Delete TITLE TITLE HOPKINS, JOHN S NAME NAME STREET ADDRESS 10011 NW 50TH TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32653** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

JOHN S. HOPKINS PRESIDENT

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 29, 2001

Daytime Phone #