

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

0112137 AV

DOCUMENT # **J97092**

1. Entity Name  
**HODOVAL REFURBISHING, INC.**

04-09-2002 91175 028 \*\*\*150.00

Principal Place of Business  
**3016 1/2 PACE STREET**  
**ORLANDO FL 32810-5132**  
**US**

Mailing Address  
**P.O. BOX 540544**  
**ORLANDO FL 32854-0544**  
**US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number  
**59-2860672**

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

**HODOVAL, LINDA L.**  
~~**3016 1/2 PACE ST**~~  
~~**ORLANDO FL 32810**~~

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**9 East Yale St**  
 City **FL** Zip Code **32804**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required if reinstating) DATE \_\_\_\_\_

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, 2002 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  Delete  
 NAME **PS HODOVAL, LINDA L.**  
 STREET ADDRESS ~~**3016 1/2 PACE ST**~~  
 CITY-ST-ZIP ~~**ORLANDO FL 32**~~

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **9 East Yale St**  
 CITY-ST-ZIP **Orlando FL 32804**

TITLE  Delete  
 NAME **VT HODOVAL, CHARLES L.**  
 STREET ADDRESS ~~**3016 1/2 PACE ST**~~  
 CITY-ST-ZIP ~~**ORLANDO FL**~~

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **9 East Yale St**  
 CITY-ST-ZIP **32804**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: *Linda Hodoval* **REQUIRES LINDA HODOVAL 2-14-02 407-898-6555**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/01)