2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State
04-22-2003 90075 048 ***150.00

DOCUMENT # P93000012598

1. Entity Name
PERRY W. HODGES, JR., P.A.

Principal Place of Business	Mailing Address
~~644 SE 4 AVE~~	~~644 SE 4 AVE~~
FT LAUDERDALE FL ~~33301~~	FT LAUDERDALE FL ~~33301~~

2. Principal Place of Business		3. Mailing Address	
1401 E. BROWARD BLVD.		1401 E. BROWARD BLVD.	
Suite, Apt. #, etc. SUITE 300		Suite, Apt. #, etc. SUITE 300	
City & State FT. LAUDERDALE, FL		City & State FT. LAUDERDALE, FL	
Zip 33301-2116	Country USA	Zip 33301-2116	Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0395697 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HODGES, PERRY W JR.
~~644 SE 4 AVE~~ 1401 E. BROWARD BLVD., #300
FT LAUDERDALE FL ~~33301~~ 33301-2116

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS HODGES, PERRY W JR. 644 SOUTHEAST 4TH AVENUE FORT LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1401 E. Broward Blvd., #300 Fort Lauderdale, FL 33301-2116	☒ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-18-03 (954) 462-1431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #