2002 UNIFORM BUSINESS REPORT (UBR)

Mar 24, 2002 8:00 am Secretary of State DOCUMENT # S31385 1. Entity Name 03-24-2002 90029 011 ***150.00 GEORGE A. HOOP, D.D.S., P.A. Principal Place of Business Mailing Address 12670 NEW BRITTANY BLVD. 12670 NEW BRITTANY BLVD. #204 #204 FT MYERS FL 33907 FT MYERS FL 33907 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 Applied For NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name . HOOP, GEORGE A. Street Address (P.O. Box Number is Not Acceptable) 12670 NEW BRITTANY BLVD. SUITE 204 FT MYERS FL 33907 City 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. 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HOOP, GEORGE A. NAME STREET ADDRESS 12670 NEW BRITTANY BLVD STREET ADDRESS CITY-ST-ZIP FT. MYERS FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition HOOP, MELISSA DREW NAME NAME STREET ADDRESS 12670 New Brittany Blvd. 12670 NEW BRITTANY BLVD STREET ADDRESS CITY-ST-7/P FORT MYERS FL CITY-ST-ZIP TITLE TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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.

FILED