

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 277727

1. Entity Name

WALTERS-HODZ FOODS INC

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90020 049 ***150.00

Principal Place of Business
C/O MORRIS & MORRIS, P.A.
3500 CARDINAL POINTE DR STE 1
JACKSONVILLE FL 32257
US

Mailing Address
C/O MORRIS & MORRIS, PA.
P.O. BOX 56375
JACKSONVILLE FL 32241
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1036474

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

HODZ, MARSHALL
779 UNIVERSITY BLVD.,N.
JACKSONVILLE FL 32211

Name

Street Address (P.O. Box Number is Not Acceptable)

3550 Scrimshaw Dr.

City

Jacksonville

FL

Zip Code

32257

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

Marshall Hodz

Marshall Hodz President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when 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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
HODZ, MARSHALL
3550 SCRIMSHAW DRIVE
JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
HODZ, ELSEBETH
7824 FAWN BROOK CIR E
JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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HODZ, ELAINE
3550 SCRIMSHAW DR
JACKSONVILLE FL

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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:

Marshall Hodz

MARSHALL HODZ

4/24/01

904 6996600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0019765