

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90008 044 ***150.00

DOCUMENT # 349807

1. Entity Name
H.C. HODGES CASH AND CARRY, INC.

Principal Place of Business

**253 NORTH ST.
 DEFUNIAK SPRINGS FL 32433**

Mailing Address

**253 N. 9TH STREET
 DEFUNIAK SPRINGS FL 32433**

2. Principal Place of Business

253 North 9th Street

Suite, Apt. #, etc.

3. Mailing Address

253 North 9th Street

Suite, Apt. #, etc.

City & State

Defuniak Springs, FL

City & State

Defuniak Springs, FL

Zip

32433

Country

U.S.A.

Zip

32433

Country

U.S.A.

4. FEI Number

59-1237725

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

RUSHING, SUE

253 NORTH 9TH STREET

DEFUNIAK SPRINGS FL 32433

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.

SIGNATURE

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, 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

TITLE **VPSD** ☐ Delete
 NAME **RUSHING, KIRBY**
 STREET ADDRESS **P.O. BOX 1358 N/A**
 CITY-ST-ZIP **DEFUNIAK SPGS. FL 32435**

TITLE **PTD** ☐ Delete
 NAME **RUSHING, SUE**
 STREET ADDRESS **P.O. BOX 1358 N/A**
 CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32435**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)