2002 Uniform Business Report (UBR)

SIGNATURE:

Mar 14, 2002 8:00 am Secretary of St 470246 DOCUMENT # 1. Entity Name RONALD T. HOPWOOD, INC. 03-14-2002 90011 042 ***150.00 Principal Place of Business Mailing Address 7373 CIRCLE DRIVE 7373 CIRCLE DRIVE LADY LAKE FL 32159 LADY LAKE FL 32159 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1357731 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUMMERS, GARY Street Address (P.O. Box Number is Not Acceptable) 380 W. ALFRED STREET TAVARES FL 32778 Zip Code City FL 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 when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01 ☐ Addition TITLE TITLE ☐ Delete HOPWOOD, RONALD T. NAME NAME 7373 CIRCLE DRIVE STREET ADDRESS STREET ADDRESS LADY LAKE FL CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE HOPWOOD, SARA E. NAME NAME 7373 CIRCLE DRIVE STREET ADDRESS STREET ADDRESS LADY LAKE FL CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE HOPWOOD, CAROL A. . . NAME STREET ADDRESS 37 IDAHO AVENUE STREET ADDRESS WHITEFISH MT CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE HOPWOOD, ROBERT S. NAME NAME 7373 CIRCLE DRIVE STREET ADDRESS STREET ADDRESS LADY LAKE, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition D ☐ Delete TITLE TITLE HOPWOOD, THOMAS A. NAME NAME STREET ADDRESS MAIN AVE STREET ADDRESS OKAHUMPKA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachanged with an address, with all other like empowered.