

2002 UNIFORM BUSINESS REPORT (UBR)

0006182 AT

DOCUMENT # A99000001353

1. Entity Name
GENE HODGES PRODUCTIONS LTD.

FILED
02 JAN 28 PM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1528 GRANDVIEW DRIVE JACKSONVILLE FL 32211	Mailing Address 1528 GRANDVIEW DRIVE JACKSONVILLE FL 32211
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 59-3586396	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HODGES, H. EUGENE
1528 GRANDVIEW DRIVE
JACKSONVILLE FL 32211

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

9. Capital Contributions as Shown on record. \$20,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$20,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HODGES, H. EUGENE 1528 GRANDVIEW DRIVE JACKSONVILLE FL 32211
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HODGES, ATHELIA L 1528 GRANDVIEW DRIVE JACKSONVILLE FL 32211
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	8000004880668--3
CITY-ST-ZIP	-02/05/02--01061--005 ****228.75 ****228.75
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **H. EUGENE HODGES** **20 JAN. 2002 (904) 858-1422**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)