

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90075 002 ***150.00

DOCUMENT # F36976

1. Entity Name
HOOD ENTERPRISES, INC.



Principal Place of Business
% WILLIAM L HOOD
7406 TIDEWATER TRAIL
TAMPA FL 33619

Mailing Address
10829 E. HWY. 92
7406 TIDEWATER TRAIL
TAMPA FL 33619
US

2. Principal Place of Business
10829 U.S. Hwy. 92 E.
Suite, Apt. #, etc.

3. Mailing Address
10829 U.S. Hwy. 92 E.
Suite, Apt. #, etc.

City & State
TAMPA FLA.

City & State
TAMPA FLA

Zip
33610

Country
Hillsborough

Zip
33610

Country
Hillsborough

4. FEI Number **59-2168652**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent-

HOOD, WILLIAM L
7406 TIDEWATER TRAIL
TAMPA FL 33619

7. Name and Address of New Registered Agent

Name
David M. Hood
Street Address (P.O. Box Number is Not Acceptable)
10829 U.S. Hwy. 92 E.
City
TAMPA FL Zip Code
33610

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **William L Hood**
Signature, typed or printed name of registered agent and title if applicable.

David M. Hood

3-10-03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **HOOD, WILLIAM L.**
STREET ADDRESS **7406 TIDEWATER TRIAL**
CITY-ST-ZIP **TAMPA FL 33619**

TITLE **VP** ☒ Delete
NAME **HOOD, DAVID M.**
STREET ADDRESS **10829 HWY 92 EAST**
CITY-ST-ZIP **TAMPA FL 33610**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☒ Addition
NAME **David M. Hood**
STREET ADDRESS **10829 U.S. Hwy. 92 E.**
CITY-ST-ZIP **TAMPA FLA 33610**

TITLE **VP** ☒ Change ☒ Addition
NAME **John K. Connolly**
STREET ADDRESS **10826 U.S. Hwy 92 E**
CITY-ST-ZIP **Seffner FL 33584**

TITLE **S/T** ☒ Change ☒ Addition
NAME **Mozelle C. Hood**
STREET ADDRESS **7406 Tidewater TRAIL**
CITY-ST-ZIP **TAMPA FLA 33619**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **David M. Hood** **3-10-03** **813-626-7549**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)