FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91236 006 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

666492

DOCUMENT # F96291

1. Entity Name
Robert T. Hood & Associates, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7042 Barkwood Dr.	P.O. Box 11675
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Jacksonville FL	City & State: Jacksonville FL
Zip: 32277 Country	Zip: 32239 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2182121 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Susan G. Hufham

Street Address (P.O. Box Number is Not Acceptable): 7042 Barkwood Drive

City: Jacksonville FL **FL** Zip Code: 32277

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 changing) DATE

8. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	PD
NAME	Susan G. Hufham
STREET ADDRESS	7042 Barkwood Dr.
CITY-ST-ZIP	Jacksonville, FL 32277
TITLE	
NAME	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Susan G. Hufham 4-30-02 904-249-2829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #