

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2002 8:00 am
Secretary of State

07-31-2002 90092 011 ***558.75

DOCUMENT # F92000000012

1. Entity Name

LEON J. HOCHHEISER CO., INC.

Principal Place of Business

527 TOWN LINE ROAD, SUITE 202
 HAUPPAGE NY 11788

Mailing Address

2 METROPLEX DR
 STE 220
 BIRMINGHAM AL 35209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 11-2500021

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
 NAME HOCHHEISER, LEON J
 STREET ADDRESS 2 METROPLEX DR., STE 220
 CITY-ST-ZIP BIRMINGHAM AL 35209 ☐ Delete

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

TITLE VP
 NAME CARLISLE, TODD W
 STREET ADDRESS 2 METROPLEX DR., STE 220
 CITY-ST-ZIP BIRMINGHAM AL 35209 ☐ Delete

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

TITLE VP
 NAME DUKE, KEITH D
 STREET ADDRESS 2 METROPLEX DR., STE 220
 CITY-ST-ZIP BIRMINGHAM AL 35209 ☐ Delete

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

TITLE VPAS
 NAME COLLIER, FORREST J
 STREET ADDRESS 2 METROPLEX DR., STE 220
 CITY-ST-ZIP BIRMINGHAM AL 35209 ☐ Delete

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

TITLE T
 NAME DUKE, KEITH D
 STREET ADDRESS 2 METROPLEX DR., STE 220
 CITY-ST-ZIP BIRMINGHAM AL 35209 ☐ Delete

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

TITLE S
 NAME CARLISLE, W. TODD
 STREET ADDRESS 2 METROPLEX DR., STE. 220
 CITY-ST-ZIP BIRMINGHAM AL 35209 ☐ Delete

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

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 a general power of attorney.

SIGNATURE:

Todd Carlisle **Todd Carlisle** 7-29-02 2052634400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)