2003 FOR PROFIT CORPORATION

Mailing Address

3740 NE 112TH LANE

ROUTE 1 BOX 1440

ANTHONY FL 32617

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

UNIFORM BUSINESS REPORT (UBR H09674 DOCUMENT # 1. Entity Name HOWARD R. HODGE, INC.

Principal Place of Business

2. Principal Place of Business

Country

6. Name and Address of Current Registered Agent

3740 NE 112TH LN

ROUTE 1 BOX 1440

ANTHONY FL 32617

Suite, Apt. #, etc.

HODGE, HOWARD R.

ROUTE 1. BOX 1440 ANTHONY FL 32617

SIGNATURE

the obligations of registered agent.

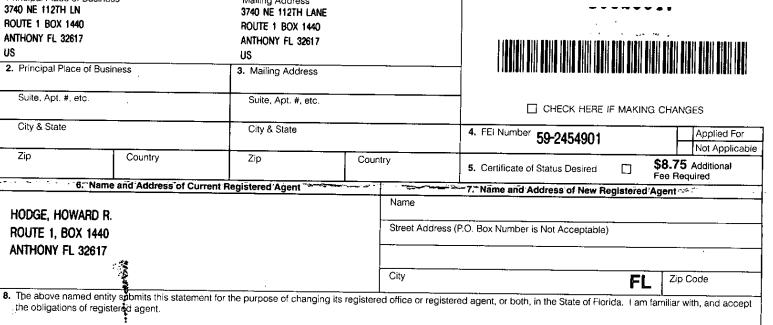
City & State

Zip



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90229 004 ***150.00



Signature, typed or printed name of registered agent and title if applicable. (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. Added to Fees						
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	S IN 11
	P Hodge, Howard R. 3740 Ne 112th Lane Anthony Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
STREET ADDRESS	v Goebel, John J. 3850 ne 112th Lane Anthony Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
NAME STREET ADDRESS	ST HODGE, GALE E. 3740 NE 112TH LANE ANTHONY FL	Delete	NAME STREET ADDRESS CITY-ST-ZIP	سني ده وي پاتسمېده د د د د د د د د د د د د د د د د د د	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE		☐ Delete	TITLE		☐ Change	Addition

Country

Name

City

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.

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

☐ Delete

☐ Addition