

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90054 018 \*\*\*150.00

<b>DOCUMENT # H64408</b>			
1. Entity Name <b>HOOD SALES &amp; RENTAL, INC.</b>			
Principal Place of Business <b>3004 SILVER STAR RD ORLANDO FL 32808 US</b>		Mailing Address <b>3004 SILVER STAR RD ORLANDO FL 32808-4614 US</b>	
2. Principal Place of Business		3. Mailing Address <b>P.O. Box 547097</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Orlando, FL</b>	
Zip	Country	Zip	Country
<b>32854</b>		<b>Orange</b>	
4. FEI Number <b>59-2575477</b>		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 <b>HOOD, CHARLES M., III 2120 N. ORANGE BLOSSOM TR. ORLANDO FL 32804</b>		7. Name and Address of New Registered Agent Name: <b>Hood, Charles M. III</b> Street Address (P.O. Box Number is Not Acceptable): <b>2120 N. ORANGE BLOSSOM TR.</b> City: <b>Orlando</b> FL Zip Code: <b>32804</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HOOD, CHARLES M., III 2120 N. ORANGE BLSM TR. ORLANDO FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Hood Charles M. III</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. Box 547097</b> <b>Orlando, FL 32854</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD HOOD, JOHN E. 2120 N. ORANGE BLSM TR. ORLANDO FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Hood, John E.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. Box 547097</b> <b>Orlando, FL 32854</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4.25.00**

Date

Daytime Phone #

CR2E034 (9/99)