

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90221 001 ***150.00

DOCUMENT # H64408

1. Entity Name

HOOD SALES & RENTAL, INC.

Principal Place of Business

3004 SILVER STAR RD
 ORLANDO FL 32808
 US

Mailing Address

3004 SILVER STAR RD
 ORLANDO FL 32808
 US

2. Principal Place of Business

632 Stetson St
 Suite, Apt. #, etc.

3. Mailing Address

632 Stetson St
 Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-2575477

Applied For

Not Applicable

Zip

32804

Country

Zip

32804

Country

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

HOOD, CHARLES M., III
 2120 N. ORANGE BLOSSOM TR.
 ORLANDO FL 32804

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Orlando

FL

Zip Code

32806

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 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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 PD
 NAME HOOD, CHARLES M., III
 STREET ADDRESS 2120 N. ORANGE BLSM TR.
 CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 1210 Lancaster Dr
 CITY-ST-ZIP Orlando, FL

TITLE VD
 NAME HOOD, JOHN E.
 STREET ADDRESS 2120 N. ORANGE BLSM TR.
 CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 1128 OakPoint
 CITY-ST-ZIP Orlando, FL 32712

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME Ted Weinstein
 STREET ADDRESS 632 Stetson St
 CITY-ST-ZIP Orlando, FL 32804

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

Date

Daytime Phone #

CR2E034 (10/00)