2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # J45548 1. Entity Name HOAMART, INC. Principal Place of Business Mailing Address 16040 U. S. 19 NORTH 16040 U. S. 19 NORTH TRI CITY PLAZA TRI CITY PLAZA CLEARWATER FL 33764 **CLEARWATER FL 33764** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country

6. Name and Address of Current Registered Agent

HOAG, ROBERT W.

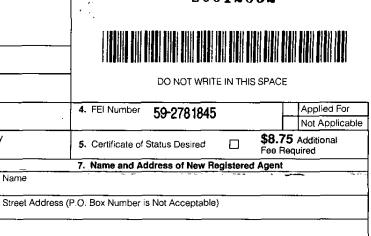
SIGNATURE

16040 U. S. 19 NORTH TRI CITY PLAZA **CLEARWATER FL 33764**

Feb 03, 2001 8:00 am **Secretary of State**

02-03-2001 90029 018 ***150.00

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Zip Code

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	ration is eligible to satisfy its Intangible equirement and elects to do so the first in a on back)	FILE NOW!! After MAY 1, 200 Make Check Payabl			10 Election Campaign Financing Trust Fund Contribution.	\$5.0 Added	May Be to Fees
11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOAG, ROBERT 2578 SPLITWOOD WAY CLEARWATER FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME Street address City-St-Zip	DST MARTIN, JOHN V. 2471 E. BACON RD HILLSDALE MI	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HOAG, MARY JANE 2578 SPLITWOOD WAY CLEARWATER FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE Name Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT W. HOAG PRESIDENT 1-30-01 (727) 531-8292

City

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)