

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90587 049 ****50.00

DOCUMENT # L01000000751**1. Entity Name**
HOVERIN' FLORIDA, LLC**Principal Place of Business****606 N. DYER BLVD.**
KISSIMMEE FL 34741**Mailing Address****606 N. DYER BLVD.**
KISSIMMEE FL 34741

907752



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address**200 East Robinson Street**

Suite, Apt. #, etc.

Suite 500

City & State

Orlando, Florida

Zip

Country

32801**USA****4. FEI Number****59-3693121**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional**
Fee Required**6. Name and Address of Current Registered Agent****FLORIDA CORPORATE SUPPORT, INC.**
200 E. ROBINSON ST., STE. 500
ORLANDO FL 32801**7. Name and Address of New Registered Agent**

Name

HENDRY, STONER, DELANCETT & BROWN, P.A.

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.**HENDRY, STONER, DELANCETT & BROWN, P.A.****SIGNATURE BY:**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**9. MANAGING MEMBERS/MANAGERS****TITLE** ☐ Delete
NAME **MGR**
STREET ADDRESS **PARAMO, ADRIANA**
CITY-ST-ZIP **606 N. DYER BLVD.**
KISSIMMEE FL 34741**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**10. ADDITIONS/CHANGES****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.****SIGNATURE:** *Adriana Paramo* **March 4th/02** **407-3466400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE **Date** **Daytime Phone #**

CR2E083 (9/01)