

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

01-29-2002 90017 037 *****50.00

DOCUMENT # L01000019976

1. Entity Name

HODELL WAREHOUSE COMPANY, L.L.C.

Principal Place of Business

STE. 500, ONE HARBOUR PLACE
 777 S. HARBOUR ISLAND BLVD.
 TAMPA FL 33602

Mailing Address

STE. 500, ONE HARBOUR PLACE
 777 S. HARBOUR ISLAND BLVD.
 TAMPA FL 33602

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3760000

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

NOLAN, MICHAEL J ESQ.
CARLTON FIELDS, PA-STE 500, ONE HARBOUR PL
777 S. HARBOUR ISLAND BLVD.
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN 18, 2002

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
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 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

Managing Member ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Howard Noskovicz
1750 University Drive, Suite 211
Coral Springs, Florida 33071

Managing Member ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Darrell A. Dahl, Jr., President
3654 Cypress Avenue
Tampa, Florida 33607

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

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

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

TITLE
 NAME ☐ Change ☐ Addition
 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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MICHAEL J. NOLAN
01/22/02 813 223-7000

CR2E083 (9/01)