

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 A.M.
Secretary of State

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
2601 E. 2ND AVENUE
Suite, Apt. #, etc.

3. Mailing Address
2601 E. 2ND AVENUE
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
TAMPA, FL
Zip
33605

Country

City & State
TAMPA, FL
Zip
33605

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Howard N. S.

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

(NOTE: Registered Agent signature required when retaining)

April 29, 2003

DATE

FILE NOW!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

00019575130
03--01045--016 **200.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
NOSKOWICZ, HOWARD
1760 UNIVERSITY DRIVE STE 211
CORAL SPRINGS, FL 33071 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DAHL JR, DARRELL A
3654 CYPRESS AVENUE
TAMPA, FL 33607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2601 E. 2ND AVENUE
TAMPA, FL 33605 ☒ Change ☐ Addition

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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

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:

Howard N. S.

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

Cell

Daytime Phone #

CR2E083 (10/02)