

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L46401

1. Entity Name

HOOD TENT RENTAL, INC.

FILED

May 05, 2000 8:00 am  
Secretary of State

05-05-2000 90096 004 \*\*\*150.00

Principal Place of Business C/O CHARLES M HOOD III 3004 SILVER STAR RD ORLANDO FL 32808 US	Mailing Address C/O CHARLES M. HOOD. III 3004 SILVER STAR RD ORLANDO FL 32808-4614 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 547097 Suite, Apt. #, etc.
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City & State Orlando, FL	4. FEI Number 59-2984418	Applied For <input type="checkbox"/> Not Applicable
Zip 32854	Country Orange	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HOOD, CHARLES W. III 2120 N ORANGE BLOSSOM TR ORLANDO FL 32804	7. Name and Address of New Registered Agent Name: Hood, Charles W. III Street Address (P.O. Box Number is Not Acceptable): 3004 Silver Star Rd City: Orlando, FL Zip Code: 32808
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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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOOD, CHARLES M. III 2120 N ORANGE BLOSSOM TRAIL ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hood, Charles M. III P.O. Box 547097 Orlando, FL 32854 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, JAMES T., JR. 1031 W. MORSE BLVD #300 WINTER PARK FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTD HOOD, JOHN E. 2120 N ORANGE BLOSSOM TRAIL ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hood, John E. P.O. Box 547097 Orlando, FL 32854 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_ 4-26-01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)