

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000000004

1. Entity Name
3-HONC, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 19 AM 11:24



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1130-C PONDELLA ROAD
NORTH FORT MYERS FL 33903

Mailing Address
1130-C PONDELLA ROAD
NORTH FORT MYERS FL 33903

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0898996

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HONC, VINCENT
1130-C PONDELLA ROAD
NORTH FORT MYERS FL 33903

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE NAME	STREET ADDRESS	CITY-ST-ZIP
MGR HONC, VINCENT	1130-C PONDELLA ROAD	NORTH FORT MYERS FL 33903			

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*****55.00 *****55.00

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: W. Vincent Honc Date: 3-15-01 Daytime Phone #: 941-458-3335

CR2E083 (11/00)