

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90578 001 ****50.00

DOCUMENT # M01000000018

1. Entity Name
HOOVER GENERAL, LLC

Principal Place of Business
**101 EAST MAPLE
 NORTH CANTON OH 44720**

Mailing Address
**101 EAST MAPLE
 NORTH CANTON OH 44720**

957350



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Newton IA

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

50208

USA

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		D Hake Ralph	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		403 W 4th St N	
CITY-ST-ZIP		Newton IA 50208	
TITLE	<input type="checkbox"/> Delete	P Minton Keith	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		101 E Maple St	
STREET ADDRESS		No Canton OH 44720	
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	T Klyn Steve	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		403 W 4th St N	
STREET ADDRESS		Newton IA 50208	
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	S Martin Patricia	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		403 W 4th St N	
STREET ADDRESS		Newton IA 50208	
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	VP Kauer Jerry	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		101 E Maple St	
STREET ADDRESS		No Canton OH 44720	
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	AS Schotten Roger	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		403 W 4th St N	
STREET ADDRESS		Newton IA 50208	
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: *Steve Klyn* **REQUIRED** *Steve Klyn* *4/25/02* *641-1702-7000*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)