

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

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

0045884

**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	Hake Ralph	403 W 4th St N	Newton IA 50208	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P	minton Keith	101 E maple st	No Canton OH 44720	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	Klyn Steve	403 W 4th St N	Newton IA 50208	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	Martin Patricia	403 W 4th St N	Newton IA 50208	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Kauer Jerry	101 E maple st	No Canton OH 44720	<input type="checkbox"/>	<input checked="" type="checkbox"/>
AS	Scholten Roger	403 W 4th St N	Newton IA 50208	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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)