2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
04-29-2002 90121 044 ***158.75

DOCUMENT # M31942

1. Entity Name
HOVIA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
107 MOONBAY STREET SUITE 6 NAPLES FL 34114 US	107 MOONBAY STREET SUITE 6 NAPLES FL 34114 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2745 Longboat Dr	2745 Longboat Dr
Suite, Apt. #, etc.: Suite B	Suite, Apt. #, etc.: Suite B
City & State: Naples FL	City & State: Naples FL
Zip: 3404 / Country: US	Zip: 34104 / Country: US

4. FEI Number 65-0001336 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SEMPF, ALEX 107 MOONBAY STREET NAPLES FL 34114	Name: Sempf, Alex Street Address (P.O. Box Number is Not Acceptable): 2745 Longboat Dr City: Naples FL Zip Code: 34104

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SEMPF, ALEX 107 MOONBAY STREET NAPLES FL 34114 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Sempf, Alex 2745 Longboat Dr Naples FL 3404 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: SIGNATURE REQUIRED [signature] Apr 15/02 941 417 8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)