2002 UNIFORM BUSINESS REPORT (UBR)

Jun 18, 2002 8:00 am Secretary of State **DOCUMENT #** P00000025922 06-18-2002 90487 003 ***150.00 1. Entity Name HOPE GARDEN A.L.F., INC. Principal Place of Business Mailing Address 40 SPRING LOOP CIRCLE 40 SPRING LOOP CIRCLE OCALA FL 34472-2901 OCALA FL 34472-2901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3629166 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHANCE, JOSEPH T Street Address (P.O. Box Number is Not Acceptable) 2 PINE-COURT-PLACE OCALA FL 34472-8048 City 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 6. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Detate TITLE ☐ Change Addition 9/01 NAME NAME GRANT, NOEL F 40 SPRING LOOP CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP OCALA FL 34472-2901 ☐ Delete TITLE **VPS** ☐ Channe ☐ Addition NAME NAME GRANT, MAGNAMEE I STREET ADDRESS STREET ADDRESS 40 SPRING LOOP CIRCLE CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34472-2901 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME. STREET ADDRESS STREET ADDRESS COY-ST-78 CITY, ST. 719 TITLE ☐ Deleta TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-712 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

352-687-8727

FILED



869498

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

June 2, 2002

HOPE GARDEN A.L.F., INC. 40 SPRING LOOP CIRCLE OCALA, FL 34472-2901

Subject: HOPE GARDEN A.L.F., INC.

Reference Number:

₱00000025922

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

To be accepted by our bank, a check must be completed in its entirety. Both the numeric and written amounts must be completed.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/RG ANNUAL REPORTS SECTION