2/28

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
01 MAR 28 PM 12: 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000071139

1. Entity Name
KYLE HODGES DISTRIBUTORS INC.

Principal Place of Business	Mailing Address
7243 B DOGWOOD TERRACE PENSACOLA FL 32504	7243 B DOGWOOD TERRACE PENSACOLA FL 32504

02/28/01 90071 038 $150.00

2. Principal Place of Business	3. Mailing Address
923 DEEDRA AVE	923 DEEDRA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola FL	City & State: Pensacola Fl
Zip: 32514 Country: ESCAMBIA	Zip: 32514 Country: ESCAMBIA

4. FEI Number: 59-3675524 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HODGES, JOHN K
7243 B DOGWOOD TERRACE
PENSACOLA FL 32504

7. Name and Address of New Registered Agent

Name: HODGES, JOHN K.
Street Address (P.O. Box Number is Not Acceptable): 923 DEEDRA AVE
City: Pensacola FL Zip Code: 32514

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: John K. Hodges 2/12/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2001 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	☐ Delete	TITLE: Pres. NAME: KYLE HODGES STREET ADDRESS: 923 Deedra AVE CITY-ST-ZIP: Pensacola Fl 32514	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: John K. Hodges 2/12/01 476-0308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #