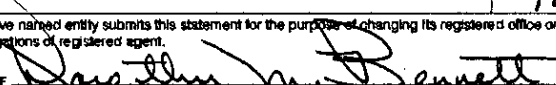
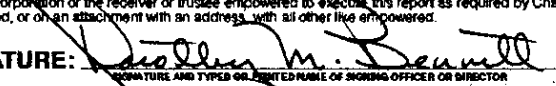


FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90174 008 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #P0000088161		
1. Entity Name HOCO CORPORATION OF SW FLORIDA		
Principal Place of Business 212 W VIRGINIA AVE, SUITE 111 PUNTA GORDA, FL 33950		Mailing Address 212 W VIRGINIA AVE, SUITE 111 PUNTA GORDA, FL 33950
2. Principal Place of Business 5736 CONCORD DR Suite, Apt. #, etc.		3. Mailing Address 5736 CONCORD DR Suite, Apt. #, etc.
City & State NORTH PORT FL		City & State NORTH PORT FL
Zip 34287		Zip 34287
Country CHARLOTTE		Country CHARLOTTE
4. FEI Number 65-1047513		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BENNETT, DOROTHY M 212 W VIRGINIA AVE, SUITE 111 PUNTA GORDA, FL 33950		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2121 SHREVE ST STE 115 City PUNTA GORDA FL Zip Code 33950
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. I am familiar with, and accept the obligations of, registered agent. SIGNATURE  DATE 4/21/03 (NOTE: Signer must be Agent, Registered Agent, or authorized officer or director.)		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP PSTD QUANDT, DORSEY D 724 VIA TUNIS PUNTA GORDA, FL 33950		TITLE NAME STREET ADDRESS CITY-ST-ZIP 34287 CONCORD DR NORTH PORT FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  DATE 4/21/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

11009793



☐ CHECK HERE IF MAKING CHANGES

CR2034 (1/02)