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 # P00000088161

1. Entity Name
HOCO CORPORATION OF SW FLORIDA

11009793

Principal Place of Business	Mailing Address
212 W VIRGINIA AVE, SUITE 111 PUNTA GORDA, FL 33950	212 W VIRGINIA AVE, SUITE 111 PUNTA GORDA, FL 33950

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5736 CONCORD DR	c/o DORSEY QUANDT
Suite, Apt. #, etc.	Suite, Apt. #, etc. 5736 CONCORD DR
City & State NORTH PORT FL	City & State NORTH PORT FL
Zip 34287 Country CHARLOTTE	Zip 34287 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) 2421 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 Dorothy M. Bennett 4/21/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	PSTD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	QUANDT, DORSEY D	NAME	
STREET ADDRESS	724 VIA TUNIS	STREET ADDRESS	34287 CONCORD DR
CITY-ST-ZIP	PUNTA GORDA, FL 33950	CITY-ST-ZIP	NORTH PORT FL 34287
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: Dorothy M. Bennett 4/21/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #