

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
 04-10-2001 90082 026 ***150.00

0008303

DOCUMENT # P00000115157

1. Entity Name

JAMES E. HOCHSCHWENDER, INC.

Principal Place of Business

Mailing Address

**1341 S. MICHIGAN AVE.
 CLEARWATER FL 33756**

**1341 S. MICHIGAN AVE.
 CLEARWATER FL 33756**

2. Principal Place of Business

3. Mailing Address

1343 S Michigan Ave
 Suite, Apt. #, etc.

1343 S Michigan Ave
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Clearwater, FL

Clearwater FL

4. FEI Number

EIN 59-3679497

Applied For

Not Applicable

Zip

Country

Zip

Country

33756

USA

33756

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOCHSCHWENDER, JAMES E
 1341 S. MICHIGAN AVE.
 CLEARWATER FL 33756**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

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**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.

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**\$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
**D
 HOCHSCHWENDER, JAMES E
 1341 S. MICHIGAN AVE.
 CLEARWATER FL 33756**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
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☐ 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 typed or printed name of officer or director

Date

Daytime Phone #

James E Hochschwender **4/5/01** **728-443-0990**

CR2E034 (10/00)