

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90037 035 \*\*\*150.00

0416282 AV

**DOCUMENT # P01000022032**

**1. Entity Name**  
**H & C OF TAMPA, INC.**

**Principal Place of Business**  
**15744 BERE DRIVE**  
**ODESSA FL 33556**

**Mailing Address**  
**15744 BERE DRIVE**  
**ODESSA FL 33556**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**6424 Hwy 41 North**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**3541 Osprey Cove Dr**  
Suite, Apt. #, etc.

**City & State**  
**Apollon Beach FL**  
**Zip**  
**33572**  
**Country**  
**USA**

**City & State**  
**Riverview FL**  
**Zip**  
**33569**  
**Country**  
**USA**

**4. FEI Number**  
**59-3718076**  
**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**SEIFTER, FRED**  
**1707 OAK BRABCH CT**  
**BRANDON FL 33511**

**7. Name and Address of New Registered Agent**

**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** DE  
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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>HOOK, MICHAEL</b> <b>14544 BERE DRIVE</b> <b>ODESSA FL 33556</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>3541 OSPREY COVE DR</b> <b>RIVERVIEW, FL 33569</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VICE PRESIDENT</b> <b>DAWN CHAVEZ</b> <b>3541 OSPREY COVE DR</b> <b>RIVERVIEW, FL 33569</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SECRETARY</b> <b>JOON HOOK</b> <b>3541 OSPREY COVE DR</b> <b>RIVERVIEW, FL 33569</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TREASURER</b> <b>CARLOS CHAVEZ</b> <b>3541 OSPREY COVE DR</b> <b>RIVERVIEW, FL 33569</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> 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:** Michael C Hook **1/24/02** **813-621-8731**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DATE** **Daytime Phone #**

CR2E034 (9/01)