

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90019 047 ***150.00

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DOCUMENT # P01000099202

1. Entity Name
HOOS, INC.

Principal Place of Business
74580 OVERSEAS HWY.
ISLAMORADA FL 33036

Mailing Address
74580 OVERSEAS HWY.
ISLAMORADA FL 33036



2. Principal Place of Business

3. Mailing Address

PO BOX 1847

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAVERNIER, FL

4. FEI Number

05-1152071

Applied For

Not Applicable

Zip

Country

Zip

Country

33070

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARKS, LISA
828 BONITO LN.
KEY LARGO FL 33037

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

Lisa Marks
LISA MARKS

(NOTE: Registered Agent signature required when reinstating)

DATE

2/8/02

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Delete
NAME	Christopher Marks	
STREET ADDRESS	74580 Overseas Highway	
CITY-ST-ZIP	Islamorada, FL 33036	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Delete
NAME	Lisa Marks	
STREET ADDRESS	74580 Overseas Highway	
CITY-ST-ZIP	Islamorada, FL 33036	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Lisa Marks
LISA MARKS

Date

Daytime Phone #

2/8/02

3058535557

CR2034 (9/01)