

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90074 042 \*\*\*150.00

UNIFORM  
 BUSINESS  
 REPORT

**DOCUMENT # P01000113669**

**1. Entity Name**  
**USA BLANX FACTORY OUTLET INC**

**Principal Place of Business**

**9 N. OAK ST.**  
**LAKE PLACID FL 33852**

**Mailing Address**

**9 N. OAK ST.**  
**LAKE PLACID FL 33852**

00000000



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**261 INTERLAKE BLVD**

Suite, Apt. #, etc.

**3. Mailing Address**

**261 INTERLAKE BLVD**

Suite, Apt. #, etc.

**City & State**

**City & State**

**4. FEI Number**

**01-0553198**

**Applied For**

**Not Applicable**

**Zip**

**Country**

**Zip**

**Country**

**5. Certificate of Status Desired**

**\$8.75 Additional Fee Required**

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

**HODOR, JOHN J**  
**9 N. OAK ST.**  
**LAKE PLACID FL 33852**

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

**Name**

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

**261 INTERLAKE BLVD**

**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) ☐

**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**

**TITLE** **P** ☐ Delete  
**NAME** **HODOR, JOHN J**  
**STREET ADDRESS** **9 N. OAK ST.**  
**CITY-ST-ZIP** **LAKE PLACID FL 33852**

**TITLE** **ST** ☐ Delete  
**NAME** **HODOR, WANDA M**  
**STREET ADDRESS** **9 N. OAK ST.**  
**CITY-ST-ZIP** **LAKE PLACID FL 33852**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **261 INTERLAKE BLVD**  
**CITY-ST-ZIP**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **261 INTERLAKE BLVD**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John J. Hodor** **PRESIDENT** **3/16/02** **863-699-2893**

Date

Daytime Phone #

CR2E034 (9/01)