

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93006048068**

1. Entity Name

JONES, HOECHST & ASSOCIATES, INC.

Principal Place of Business

130 S. Park Ave.
Suite E
Apopka, Florida 32703

Mailing Address

130 S. Park Ave
Suite E
Apopka, Florida 32703

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3192680

Applied For

Not Applicable

5. Certificate of Status Desired

☒ X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Dianne Jones
6997 B Ganton Road
Ocala, FL 34472

7. Name and Address of New Registered Agent

Name
John D. Hoechst

Street Address (P.O. Box Number is Not Acceptable)
37920 County Road 439

City Eustis, FL 32726

FL

Zip Code
32726

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

John D. Hoechst

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, 2001 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 NAME
Dianne Jones, Pres. ☒ Delete
STREET ADDRESS
6997-B Ganton Road
CITY-ST-ZIP
Ocala, FL 34472

TITLE NAME
100004609731 ☐ Change ☐ Addition
STREET ADDRESS
-09/25/01--01017--016
CITY-ST-ZIP
*****61.25 *****61.25

TITLE NAME
VT Hoechst, John D. ☐ Delete
STREET ADDRESS
37920 County Road 439
CITY-ST-ZIP
Eustis, FL 32726

TITLE NAME
President Hoechst, John D. ☒ Change ☐ Addition
STREET ADDRESS
37920 County Road 439
CITY-ST-ZIP
Eustis, FL 32726

TITLE NAME
VS Waers, Wm. Robert ☐ Delete
STREET ADDRESS
8628 Suburban Dr.
CITY-ST-ZIP
Orlando, FL 32829

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

TITLE NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
☐ Change ☐ Addition
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)(f), 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:

John D. Hoechst
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 SEP 18 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (1/7/00)