

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2004 8:00 am
Secretary of State

05-27-2004 90017 002 ***550.00

DOCUMENT # *P94000028859*

1. Entity Name

Tim Hodger Marine



DO NOT WRITE IN THIS SPACE

24077343

2. Principal Place of Business

212 Bohamast

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Venice FL

City & State

4. FEI Number

65-0569958

Applied For

Not Applicable

Zip

34285

Country

50695074

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Tim Hodger

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

560 Randolph Rd

City *Venice*

FL

Zip Code

34293

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Tim Hodger *Tim Hodger* *president*

5-24-04

Signature, typed or printed name of registered agent and title if applicable.

(If FE: Registered Agent's signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Tim Hodger</i> <i>560 Randolph Rd</i> <i>Venice FL 34293</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tim Hodger *Tim Hodger* *president*

5-24-04 *941-486-1950*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)