

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2003 8:00 am
Secretary of State

05-28-2003 90174 002 ***750.00

DOCUMENT # P95000086645

1. Entity Name
HOPS OF THE OHIO VALLEY, INC.



Principal Place of Business
**2701 N ROCKY POINT DR
300
TAMPA FL 33607**

Mailing Address
**2701 N ROCKY POINT DR
300
TAMPA FL 33607**

2. Principal Place of Business

Hancock @ Washington

Suite, Apt. #, etc.

3. Mailing Address

Hancock @ Washington

Suite, Apt. #, etc.

City & State

Madison, GA 30650

City & State

Madison, GA 30650

Zip

30650

Country

USA

Zip

30650

Country

USA

4. FEI Number

59-3358901

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES.

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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	PD	<input type="checkbox"/> Delete
NAME	WALDREP, MARGARET	
STREET ADDRESS	HANCOCK AT WASHINGTON	
CITY-ST-ZIP	MADISON GA 30650	
TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	MAGRUDER, RONALD N	
STREET ADDRESS	2701 N ROCKY POINT DR #300	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KOLLIAS, ZACHARIAS A	
STREET ADDRESS	2701 N ROCKY POINT DR#300	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAMS, PERCY	
STREET ADDRESS	HANCOCK AT WASHINGTON	
CITY-ST-ZIP	MADISON GA 30650	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Tom DuPree, Jr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hancock @ Washington	
STREET ADDRESS	Madison, GA 30650	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Percy Williams

5/21/03 (706) 343-2217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)