## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

IGNATURE AND TYPED

## FILED Apr 02, 2001 8:00 am Secretary of State DOCUMENT # P96000033465 1. Entity Name HODO CORPORATION 4-02-2001 90050 022 \*\*\*150.00 Principal Place of Business Mailing Address 1505 S.E. 40TH STREET 1505 S.E. 40TH STREET CAPECUUA SUITE C SUITE C CAPE CORAL FL 33904 CAPE CORAL FL 33904 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0667755 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Services Ind Euro-American Financial LA ROCCO, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1505 S.E. 40TH STREET <u>se 401n</u> SUITE C CAPE-CORAL FL 38904 Zip Code 33904 e purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named/entity submits this statemen SIGNATURE Signature printed name of registered ag ent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition HENNING, HORST NAME KUENZELER 11, 36043 FULLDA STREET ADDRESS STREET ADDRESS GERMANY CITY-ST-ZIP CITY-ST-ZIP DVS TITLE ☐ Delete TITLE ☐ Change ☐ Addition HENNING, DORIS NAME NAME KUENZELER 11, 36043 FULLDA STREET ADDRESS STREET ADDRESS **GERMANY** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Euro A men can Financial Addition TITLE LA ROCCO, ROBERT NAME NAME service Inc 15055 E. Your street Surke C 1505 S.E. 40TH-STREET, SUITE C STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 CITY - ST - ZIF CITY-ST-ZIP Copy Coral 74 33904 TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREFT ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 eath; that I am an officer or director of the corporation or the redeiver or flustee 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 attachm 🛊 with 🏚 address, with all other like empowered.

03.09.200