## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 26, 2000 8:00 am Secretary of State DOCUMENT # **P96000057040** 1. Entity Name HODOR & SHAW, INC. 04-26-2000 90076 001 \*\*\*150.00 Principal Place of Business Mailing Address 2700-D NW 43RD ST 2700-D NW 43RD ST GAINESVILLE FL 32606 GAINESVILLE FL 32607-1635 2. Principal Place of Business 3. Mailing Address 7328-F W. University Ave. 7328-F W. University Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3394905 Gainesville, FL Gainesville, FL Not Applicable Country \$8.75 Additional 32507 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Howard Hodor SHAW, JAMES W Street Address (P.O. Box Number is Not Acceptable) 2700-D NW 43RD ST GAINESVILLE FL 32606 7328-F W. University Ave. City <sup>Zip</sup> Code 32607 Gainesville this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above r Howard Hodor, Président SIGNATURE ed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ature, typed or p FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. X Change ☐ Addition TITLE □ Delete TITLE HODOR, HOWARD NAME NAME 7328-F W. University Ave. STREET ADDRESS STREET ADDRESS 2700-D NW 43RD ST CITY-ST-ZIE CITY-ST-ZIP Gainesville, FL 32607 **GAINESVILLE FL 32606** Change DVST Delete TITLE ☐ Addition TITLE NAME SHAW, JAMES W NAME STREET ADDRESS STREET ADDRESS 2700-D NW 43RD ST CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32606 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 register or the exemption of the corporation or the register or the exemption of the corporation or the register of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the changed, or on an attaess, with all other like empowered.

URE REQUIRMOWARD Hodor

SIGNATURE:

04/1Z/00

331-9949