

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000055158

1. Entity Name

HOOVER'S WOODWORKS, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90085 030 ***150.00

Principal Place of Business Mailing Address
~~183 W. MAINE AVE~~ 175 W. MAINE AVE ~~183 W. MAINE AVE~~ 175 W. MAINE AVE
LONGWOOD FL 32750 - 5480 LONGWOOD FL 32750-5480

2. Principal Place of Business Suite, Apt. #, etc.
175 W. MAINE AVE
City & State City & State

Zip Country Zip Country
32750-5480



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3452666 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HOOVER, JOHN T SR.
~~183 W. MAINE AVE~~ 175 WEST MAINE AVE
LONGWOOD FL 32750 - 5480

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
175 W. MAINE AVE
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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 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 STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P HOOVER, JOHN 183 W. MAINE AVE 175 W. MAINE AVE LONGWOOD FL 32750 - 5480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 175 W. MAINE AVE (ZIP) 32750-5480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete ST HOOVER, EVELYN S 183 W. MAINE AVE 175 W. MAINE AVE LONGWOOD FL 32750 - 5480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 175 W. MAINE AVE (ZIP) 32750-5480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 2/27/00 Daytime Phone # 407 339 6637

CR2E034 (9/99)