

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000105409

1. Entity Name

JIM HODAK CONSTRUCTION, INC.

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90011 047 \*\*\*550.00

Principal Place of Business

35425 HAINES CREEK ROAD  
LEESBURG FL 34788

Mailing Address

35425 HAINES CREEK ROAD  
LEESBURG FL 34788

2. Principal Place of Business

36600 SUNDANCE DRIVE

3. Mailing Address

36600 SUNDANCE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

GRAND ISLAND, FL

City & State

GRAND ISLAND, FL

4. FEI Number

59-3473456

Applied For

Not Applicable

Zip

32735

Country

Zip

32735

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HODAK, JAMES F

35425 HAINES CREEK ROAD  
LEESBURG FL 34788

Name

JAMES F. HODAK

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

36600 SUNDANCE DRIVE

City

GRAND ISLAND,

FL

Zip Code

32735

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

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**

**After SEPTEMBER 13, 2000 Min. will be \$750.00**

**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 ☐ Delete  
NAME D  
STREET ADDRESS HODAK, JAMES F  
CITY-ST-ZIP 35425 HAINES CREEK ROAD  
LEESBURG FL 34788

TITLE ☒ Change ☐ Addition  
NAME PRESIDENT  
STREET ADDRESS JAMES F. HODAK  
CITY-ST-ZIP 36600 SUNDANCE Drive  
GRAND ISLAND, FL 32735

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-00

Date

352-483-3388

Daytime Phone #

CR2E034 (5/00)