

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

0357149 AV

DOCUMENT # P97000106226

1. Entity Name

HOOVER/RALEIGH HOLDINGS, INC.

04-15-2002 90024 010 ***150.00

Principal Place of Business

**1532 OLD OKEECHOBEE RD
#101
WEST PALM BEACH FL 33409**

Mailing Address

**1532 OLD OKEECHOBEE RD
#101
WEST PALM BEACH FL 33409**



2. Principal Place of Business

3212 S. Lakeview Cir.

3. Mailing Address

3212 S. Lakeview Cir.

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

202

City & State

Ft. Pierce, FL

City & State

Ft. Pierce, FL

Zip

34949

Country

Zip

34949

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0826462

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOOVER, NOEL A
3610 SO. OCEAN BLVD
SOUTH PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

Name

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

3212 S. Lakeview Circle

202

City

Ft. Pierce, FL

FL

Zip Code

34949

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, 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 \$150.00
After May 1, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HOOVER, NOEL A	
STREET ADDRESS	3610 SO. OCEAN BLVD, #306	
CITY-ST-ZIP	SOUTH PALM BEACH FL 33480	
TITLE	VD	<input type="checkbox"/> Delete
NAME	AGNELLO-RALEIGH, DEBRAH	
STREET ADDRESS	3610 SO. OCEAN BLVD, #306	
CITY-ST-ZIP	SO. PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3212 S. Lakeview Circle #202	
STREET ADDRESS	Ft. Pierce, FL 34949	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3212 S. Lakeview Circle #202	
STREET ADDRESS	Ft. Pierce, FL 34949	
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		

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:

NOEL A. HOOVER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/04/02

Date

772 464-8188

Daytime Phone #

CR2E034 (9/01)