

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90162 031 ***150.00

DOCUMENT # P97000106226

1. Entity Name
HOOVER/RALEIGH HOLDINGS, INC.



Principal Place of Business
3212 S. LAKEVIEW CIR.
202
FORT PIERCE FL 34949

*Address
Change*

Mailing Address
3212 S. LAKEVIEW CIR.
202
FORT PIERCE FL 34949

11009170



2. Principal Place of Business

50 78th Ave.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Treasure Island, FL

City & State

4. FEI Number

65-0826462

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HOOVER, NOEL A

3212 S. LAKEVIEW CIRCLE

#202

FORT PIERCE FL 34949

50 78th Ave.

Treasure Island, FL 33706

Name

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

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. I am familiar with, and accept the obligations of registered agent:

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE PD ☐ Delete
NAME HOOVER, NOEL A
STREET ADDRESS 3212 S. LAKEVIEW CIRCLE #202
CITY-ST-ZIP FORT PIERCE FL 34949

TITLE PD ☐ Change ☐ Addition
NAME HOOVER, NOEL A
STREET ADDRESS 50 78th AVENUE
CITY-ST-ZIP TREASURE ISLAND, FL 33706

TITLE VD ☐ Delete
NAME AGNELLO-RALEIGH, DEBRAH
STREET ADDRESS 3212 S. LAKEVIEW CIRCLE #202
CITY-ST-ZIP FORT PIERCE FL 34949

TITLE VD ☐ Change ☐ Addition
NAME AGNELLO, DEBRAH J.
STREET ADDRESS 50 78th AVENUE
CITY-ST-ZIP TREASURE ISLAND, FL 33706

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 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
Noel A. Hoover

4/19/03

813-760-1359

Date

Daytime Phone #

CR2E034 (10/02)