02-20-2001 90042 021 ***158.75

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
01 JUL 12 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000023736

1. Entity Name
HOCKADAY & ASSOCIATES

Principal Place of Business / Mailing Address
1111 KANE CONCOURSE, SUITE 505
BAY Harbor, IS., FL 33154

2. Principal Place of Business		3. Mailing Address	
1111 KANE CONCOURSE		10350 W. BAY HARBOR IS.	
Suite, Apt. #, etc. SUITE 505		Suite, Apt. #, etc. 7D	
City & State BAY HARBOR IS. FL 33154		City & State BAY HARBOR IS., FL.	
Zip 33154	Country USA.	Zip 33154	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-08-19974 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GLORIA M. HOCKADAY
10350 W. BAY HARBOR DR.
APT. 7D.
BAY HARBOR IS., FL. 33154

7. Name and Address of New Registered Agent
Name N/A
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.

SIGNATURE Gloria Hockaday 02/08/01
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, 2001 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	Gloria Hockaday / 10350 W. Bay Harbor Dr. / BAY HARBOR IS., FL 33154 / President	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition

CR2E034 (11/00)

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: Gloria Hockaday 02/08/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

305 365-6666
864-1960

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