

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90211 037 ***150.00

DOCUMENT # P98000027709

1. Entity Name

THE HOOVER GROUP, INC



DO NOT WRITE IN THIS SPACE

10066163

2. Principal Place of Business
4097 SW 140TH AVENUE

Suite, Apt. #, etc.

3. Mailing Address
4097 SW 140TH AVENUE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FORT LAUDERDALE, FL

City & State
FORT LAUDERDALE, FL

4. FEI Number **65-0822652**

Applied For
Not Applicable

Zip
33330

Country
USA

Zip
33330

Country
USA

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

7. Name and Address of Current Registered Agent

Name **HOOVER, DONALD T.**

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

4097 SW 140TH AVENUE

City **FORT LAUDERDALE**

FL

Zip Code
33330

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOOVER, DONALD T. 4097 SW 140TH AVENUE FORT LAUDERDALE, FLORIDA 33330	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald T. Hoover
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD T. HOOVER

4/9/03

954.473.5570

Date

Daytime Phone #

CR2E034B (12/02)