6/24/2002-90298-021-$150.00-$150.00

FOR PROFIT CORPORATION. UNIFORM BUSINESS REPORT (UBR)

02 AUG -5 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

969378

DOCUMENT # P98000097407

1. Entry Name
HOCH SERVICES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5004 Stoneler Rd	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: same
Zip: 32303 Country	Zip: same Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3548369 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: BRIAN HOCH

Street Address (P.O. Box Number is Not Acceptable): 5004 Stoneler Rd

City: Tallahassee FL Zip Code: 32303

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] 6-18-02
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when mailed filing) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee Is $150.00
After May 1 Fee Is $550.00
Amended UBR Is $61.25
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	OWNER
NAME	BRIAN M HOCH
STREET ADDRESS	5004 Stoneler Rd
CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 6.18.02 8505622972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #