

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91336 012 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095689 1. Entity Name HOOD & ASSOCIATES, INC.						 00054039 DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 3275 W HILLSBORO BLVD				3. Mailing Address			
Suite, Apt. #, etc. SUITE 207				Suite, Apt. #, etc.			
City & State DEERFIELD BEACH FL				City & State			
Zip 33442		Country		Zip		Country	
4. FEI Number 65-0958275						<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>						\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
				Name ANTHONY G. -COLEMAN, JR. Street Address (P.O. Box Number is Not Acceptable) 3275 W HILLSBORO BOULEVARD SUITE 207 City DEERFIELD BEACH			
				State FL			
				Zip Code 33442			
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 DATE 04/25/01 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input checked="" type="checkbox"/>		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. <input type="checkbox"/>		\$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				TITLE NAME STREET ADDRESS CITY - ST - ZIP			
<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 PRESIDENT/DIRECTOR				DATE 04/25/01			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			