FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90030 013 ***150.00

2007 **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000099197

1. Entity Name
DALE HODGE, INC.

40110438

Principal Place of Business
32236 CHIPOLA TRAIL
SORRENTO FL 32776-9796

Mailing Address
32236 CHIPOLA TRAIL
SORRENTO FL 32776-9796

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip | Country

Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3633126 | Applied For | Not Applicable

5. Certificate of Status Desired P99000099197 ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVIN, PATRICIA GOFF
617 N. CLAYTON ST.
MOUNT DORA FL 32757

7. Name and Address of New Registered Agent

Name PATTI LEVIN BS EA

Street Address (P.O. Box Number is Not Acceptable) 1250 MT HOMER RD, STE 3

City EUSTIS FL 32726

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]

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	PD HODGE, DALE G 32236 CHIPOLA TRAIL SORRENTO FL 32776-9796	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST COON, RACAM L 32236 CHIPOLA TR SORRENTO FL 32776	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Coon, Racann L.	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (1/00)

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: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR