

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S77880

1. Entity Name
DAVE HOHMAN ASSOCIATES, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90299 018 ***150.00

Principal Place of Business

3877 RECKER HWY
SUITE 3
WINTER HAVEN FL 33880
US

Mailing Address

3877 RECKER HWY
SUITE 3
WINTER HAVEN FL 33880
US

2. Principal Place of Business

523 EAST CENTRAL AVE.

Suite, Apt. #, etc.

3. Mailing Address

523 EAST CENTRAL AVE.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WINTER HAVEN, FL

City & State

WINTER HAVEN, FL

4. FEI Number 65-0280183

Applied For

Not Applicable

Zip

33880

Country

USA

Zip

33880

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOHMAN, W. DAVID
4323 THOMASWOOD LN
WINTER HAVENS FL 33880

Name

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

W. David Hohman W. David Hohman

01/30/01

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	D	<input type="checkbox"/> Delete
NAME	HOHMAN, W. DAVID	
STREET ADDRESS	4232 THOMASWOOD LN	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOHMAN, GAIL L.	
STREET ADDRESS	4232 THOMASWOOD LN	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: W. David Hohman W. David Hohman 01/30/01 863-299-9163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)