

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V54020

1. Entity Name

HODGSON CONSTRUCTION COMPANY, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90050 025 ***150.00

Principal Place of Business

8028 FAWNRIIDGE CIRCLE
TAMPA FL 33610
US

Mailing Address

8028 FAWNRIIDGE CIRCLE
TAMPA FL 33610-9584
US

2. Principal Place of Business

12209 WOOD DUCK PL
Suite, Apt. #, etc.

3. Mailing Address

12209 WOOD DUCK PL
Suite, Apt. #, etc.

City & State

TEMPLE TERRACE FL

City & State

TEMPLE TERRACE FL

Zip

Country

33617

USA

Zip

Country

33617

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3133806

Applied For

Not Applicable

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

Name

Same

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

12209 WOOD DUCK PL

City

TEMPLE TERRACE

FL

Zip Code

33617

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, 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, 2000 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 P ☐ Delete
NAME HODGSON, GREGORY C.
STREET ADDRESS 8028 FAWNRIIDGE CIRCLE
CITY-ST-ZIP TAMPA FL

TITLE ☒ Change ☐ Addition
NAME 12209 WOOD DUCK PLACE
STREET ADDRESS TEMPLE TERRACE FL 33617
CITY-ST-ZIP

TITLE T ☐ Delete
NAME HODGSON, SHARON L.
STREET ADDRESS 8028 FAWNRIIDGE CIRCLE
CITY-ST-ZIP TAMPA FL

TITLE ☒ Change ☐ Addition
NAME 12209 WOOD DUCK PLACE
STREET ADDRESS TEMPLE TERRACE FL 33617
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)