

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90127 014 ***550.00

DOCUMENT # V55973

1. Entity Name
HOV INC. OF MELBOURNE



Principal Place of Business

**2330 N WICKHAM
STE 11
MELBOURNE FL 32940
US**

Mailing Address

**2330 N WICKHAM RD
STE 11
MELBOURNE FL 32940
US**

2. Principal Place of Business

**1270 N WICKHAM
(Suite) Apt. #, etc.
3 MEL FL 32935**

3. Mailing Address

SAME

City & State

MELBOURNE FLORIDA

City & State

SAME

Zip

32935

Country

FLORIDA

Zip

32935

Country

FLORIDA

4. FEI Number

59-3111808

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HOVEY, CHARLOTTE A
1251 MEDINA AVE NW
PALM BAY FL 32907**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **HOVEY, CHARLOTTE A.**
STREET ADDRESS **1251 MEDINA AVE. NW**
CITY-ST-ZIP **PALM BAY FL**

TITLE **CEO** ☐ Delete
NAME **HOVEY, LAWRENCE B**
STREET ADDRESS **1251 MEDINA AVE NW**
CITY-ST-ZIP **PALM BAY FL 32907**
9/6/03

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **CDO** ☒ Change ☐ Addition
NAME **HOVEY, LAWRENCE B**
STREET ADDRESS **1251 MEDINA NW Palm Bay FL**
CITY-ST-ZIP **32907**

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

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

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

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

12. 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 10 or Block 11 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 **9/6/03** Daytime Phone #

CR2E034 (4/03)