

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000010783

1. Entity Name
P.O.G. ENTERPRISES, INC.

Principal Place of Business
3811 NE 55TH PLACE
GAINESVILLE FL 32609-1528

Mailing Address
P. O. BOX 5637
GAINESVILLE FL 32627-5637

2. Principal Place of Business
157 Church Street
Suite, Apt. #, etc.

3. Mailing Address
Mail Stop CT EH 43726F
Suite, Apt. #, etc.
157 Church Street

City & State
New Haven Connecticut
Zip Country
06510 U.S.A.

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New Haven, Connecticut
Zip Country
06510 U.S.A.

4. FEI Number ☒ 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

BREWSTER, WILLIAM P
3811 NE 55TH PLACE
GAINESVILLE FL 32609-1528

Name
Melissa Jay Murphy
Street Address (P.O. Box Number is Not Acceptable)
703 Northeast 1st. Street
Gainesville, Florida 32601
City Zip Code
FL

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 *Melissa Jay Murphy*

4-30-01

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Brewster, Wm. Patrick 157 Church Street New Haven, Connecticut 06510 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT D. Ben Benoit 157 Church Street, New Haven, Ct. 06510 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Dr. James R. Doom 157 Church Street New Haven, Ct. 06510 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90029 020 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)