

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90209 035 \*\*\*150.00

DOCUMENT # P00000026176



1. Entity Name  
FOGG REALTY & DEVELOPMENT, INC.

Principal Place of Business  
RT 6, BOX 1444  
STARKE FL 32091

Mailing Address  
RT 6, BOX 1444  
STARKE FL 32091



2. Principal Place of Business  
1001 WOODLAWN ST.  
Suite, Apt. #, etc.

3. Mailing Address  
1001 WOODLAWN ST.  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
STARKE, FL

City & State  
STARKE, FL

4. FEI Number 59-3635162

Applied For  
Not Applicable

Zip Country  
32091 USA

Zip Country  
32091 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

FOGG, GLENN H  
RT 6, BOX 1444 1001 WOODLAWN ST.  
STARKE FL 32091

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

(NOTE: Registered Agent signature required when reinstating)

4-22-03  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	FOGG, GLENN H	
STREET ADDRESS	RT 6, BOX 1444 1001 WOODLAWN ST.	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOGG, MELODY R	
STREET ADDRESS	RT 6, BOX 1444 1001 WOODLAWN ST.	
CITY-ST-ZIP	STARKE FL 32091	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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		

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-03 (904) 368-0832  
Date Daytime Phone #

CR2E034 (10/02)