

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 183088

1. Entity Name

BOGAN SUPPLY CO., INC.

Principal Place of Business

P.O. BOX 568  
100 SOUTH ALCANIZ ST.  
PENSACOLA FL 32593-0568  
US

Mailing Address

P.O. BOX 568  
100 SOUTH ALCANIZ ST.  
PENSACOLA FL 32593-0568  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOGAN, JR. M  
211 CORDOBA STREET  
GULF BREEZE FL 32561

Name

M. P. BOGAN, JR

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

100 S. ALCANIZ ST.

City PENSACOLA

FL

Zip Code 32501

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

M. P. BOGAN, JR PRESIDENT MPBogan

02-28-01

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

(NOTE: Registered Agent signature required when resigning)

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 PT  
NAME BOGAN JR, M P  
STREET ADDRESS 211 CORDOBA ST  
CITY-ST-ZIP GULF BREEZE FL ☐ Delete

TITLE PT  
NAME M. P. BOGAN, JR  
STREET ADDRESS 100 S. ALCANIZ ST.  
CITY-ST-ZIP PENSACOLA, FL 32501 ☒ Change ☐ Addition

TITLE SVP  
NAME BOGAN, LEE M. JR.  
STREET ADDRESS 104 W BRAINARD  
CITY-ST-ZIP PENSACOLA FL 32501 ☐ Delete

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

TITLE S  
NAME ACKERMAN, ABIGAIL B.  
STREET ADDRESS 2109 WHALEY AVE.  
CITY-ST-ZIP PENSACOLA FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

02-28-01 850 433 6573

Date

Daytime Phone #

CR2E034 (10/00)

UBR00109

FILED  
Apr 11, 2001 8:00 am  
Secretary of State

04-11-2001 90059 026 \*\*\*150.00

B0028325



DO NOT WRITE IN THIS SPACE