


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

NOTARIAL SEAL

DOCUMENT # 349567

1. Entity Name
THE FOGLE CORPORATION



04-21-2003 90485 011 ***150.00

Principal Place of Business
**1950 HWY 44-W
DELAND FL 32720**

Mailing Address
**1950 HWY 44-W
DELAND FL 32720**

11003740



2. Principal Place of Business
34526 Hwy 44 W

3. Mailing Address
P.O. Box 435

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
EUSTIS FL

City & State
DELAND FL

Zip
32726

Country
America

Zip
32721-0435

Country
America

4. FEI Number
59-1262843

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FOGLE JR, HARLAND
1950 HWY 44 WEST
DELAND FL 32720**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE SD	<input type="checkbox"/> Delete
NAME FOGLE, MERRIE HELYN	
STREET ADDRESS 1950 HWY 44 WEST	
CITY-ST-ZIP DELAND, FL 00000	
TITLE PD	<input type="checkbox"/> Delete
NAME FOGLE, JR HARLAND	
STREET ADDRESS 1950 HWY 44 WEST	
CITY-ST-ZIP DELAND, FL 00000	
TITLE VD	<input type="checkbox"/> Delete
NAME FOGLE, DANIEL F.	
STREET ADDRESS 110 SOUTH RIDEGWOOD AVENUE	
CITY-ST-ZIP DELAND FL	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Fogle, Merrie Helyn	
STREET ADDRESS PO Box 229384	
CITY-ST-ZIP Glenwood, FL 32722	
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Fogle Jr. Harland	
STREET ADDRESS PO Box 229384	
CITY-ST-ZIP Glenwood, FL 32722	
TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Fogle, Daniel F.	
STREET ADDRESS PO Box 229377	
CITY-ST-ZIP Glenwood, FL 32722	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 REQUIRED** Daniel Fogle 4/17/03 352-589-8370

DATE: _____ DAYTIME PHONE #: _____

CR2E034 (10/02)