## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 603473**

1. Entity Name

FOGLE & FOGLE, P.A.

## FILED Jan 28, 2000 8:00 am Secretary of State

				Ì	01-28-2000 90134	016 ***15	0.00
- Principal Plac	ce of Business	Mailing Address :	1. 1. 11. 11. 12.				
17 E DI YMA	ITH AVE PRAISE STREET	P.O. BOX 24	and the think there	of inte			
O. BOX 24	UTH-AVE.	DELAND FL 32721-0024		5	•		
ELAND FL 32	2721-0024	US .	į		her.		j #8
	and the first process of the state of the st	Same and the second	in against the same of the same the control of	i	''s canna ditte noine this erdic enga the freit de		्रे विकास (00) - स्टब्स्
N. Delevision of	The second secon	3. Mailing Address					
2. Principal Place of Business		3. Mailing Address		* ***	-		91911 1961
0		Outro Ant # ntn	- magain street		. DO NOT IMPLE IN THE	מסג סר	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	-		DO NOT WRITE IN THIS	SPACE	•
		City & State	<del></del>	4 5		LAnd	olied For
City & Stat	ie,	- City a State		, 4. F	El Number 59-1390975		Applicable
		7.		<del>-</del>	<del></del>		
Zip	Country	Zip ;	Country	5. C	ertificate of Status Desired	\$8.75 Addi Fee Required	
		1		7 41	Address of No. Decision of		
	6. Name and Address of Curre	nt Hegistered Agent	Name -	7. Ni	ame and Address of New Registered	agent	
	50015		TNAINE .	-	The second secon		
	ANA FOGLE		Street Address	Street Address (P.O. Box Number is Not Acceptable)			
	E. PLYMOUTH AVE.				<u> </u>		
DEL	AND FL 32724						[
			Cin			Zip Code	
			City		FL	Zip Code	
3. The above	e named entity submits this statement	t for the purpose of changing its	registëred office or regist	ered age	nt, or both, in the State of Florida.		
SIGNATURE .					<del></del>		
	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTI	E: Registered Agent signature requir	red when rein	nstating) DATE		
9. This corpo	oration is eligible to satisfy its Intangil	ble FILE NOW!	!!! FEE IS \$150.00		45 Floring Committee Financian	A= 01	
			00 Fee will be \$550.00	)	<b>10.</b> Election Campaign Financing Trust Fund Contribution.		May Be to Fees
_	ria on back)	_	le to Department of S		must Fund Contribution.	D Added	io rees
11.	OFFICERS AN	ND DIRECTORS	12.	ADC	DITIONS/CHANGES TO OFFICERS AND	DIRECTORS	IN 11
''' 'ITLE	I PD	☐ Delete	TITLE			☐ Change	Addition
IAME `	FOGLE, J DANA	Detete	NAME			□ change	
STREET ADDRESS	550 E. PLYMOUTH AVE.		STREET ADDRESS				
CITY-ST-ZIP	DELAND FL		CITY-ST-ZIP				
	·		-				
ITLE	ST	☐ Delete	TITLE			· Change	☐ Addition }
NAME	FOGLE, ALICE M.		NAME				
STREET ADDRESS	550 E. PLYMOUTH AVE,		STREET ADDRESS				
CITY-ST-ZIP	DELAND FL		CITY-ST-ZIP				
TITLE		Delete	TITLE"			Change	☐ Addition
NAME		-	NAME	-	· view		
STREET ADDRESS	] !		STREET ADDRESS				ì
CITY-ST-ZIP	1		CITY-ST-ZIP				
TITLE	ļ					Change	Addition (
	i '	□ Delete	TITLE				
		☐ Delete	TITLE			☐ Change	I .
IAME		☐ Delete	NAME			□ change	
NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			□ Change	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP				
NAME Street Address City-St-Zip Title		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ Change	Addition
NAME Street Address City-St-Zip Ditle NAME			NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				Addition
NAME Street Address City-St-Zip Title			NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				☐ Addition
IAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	
IAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ Change	
IAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP (ITLE		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ Change	

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 DIRECT

Mora Joghy Pm 1-24-00

734-42

Daytime Phone #