

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 669543

1. Entity Name

HOGUE CONSTRUCTION, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90061 039 ***150.00

Principal Place of Business

Mailing Address

409 SHEPARD AVENUE
DUNDEE FL 33838

409 SHEPARD AVENUE
DUNDEE FL 33838-4358

00010012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3952 Polk City Rd

3. Mailing Address

3952 Polk City Rd.

Suite, Apt. #, etc.

Haines City, FL

Suite, Apt. #, etc.

Haines City, FL

City & State

City & State

4. FEI Number 59-2000031

Applied For

Not Applicable

Zip

33844

Country

Polk

Zip

33844

Country

Polk

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLANKENSHIP, RANDALL G.
170 EAST CENTRAL AVE.
WINTER HAVEN FL 33880

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.

SIGNATURE

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, 2000 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

TITLE PD
NAME HOGUE, CHARLES ERNIE
STREET ADDRESS 409 SHEPARD AVE
CITY-ST-ZIP DUNDEE, FL 00000 ☐ Delete

TITLE STD
NAME HOGUE, DONNA M
STREET ADDRESS 409 SHEPARD AVE
CITY-ST-ZIP DUNDEE, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3950 Polk City Rd
CITY-ST-ZIP Haines City, FL 33844

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CITY-ST-ZIP

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

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:

Donna M. Hogue
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-00 863-421-4399

CR2E034 (9/99)