2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 05, 2000 8:00 am Secretary of State **DOCUMENT # G21582** RED HOGAN ENTERPRISES. INC. 04-05-2000 90073 018 ***150.00 Principal Place of Business Mailing Address 3109-B EAST 4TH AVE. 3109-B EAST 4TH AVE. P.O. BOX 13201 P.O. BOX 13201 830983 TAMPA FL 33681-0201 TAMPA FL 33681-3201 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2338770 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JEFFRIES, DAVID M. Street Address (P.O. Box Number is Not Acceptable) BUSH ROSS GARDNER WAREN RUDY, PA 220 SOUTH FRANKLIN STREET **TAMPA FL 33602** Zip Code FL 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD Addition ☐ Change TITLE ☐ Delete TITLE HOGAN, THOMAS L. NAME NAME STREET ADDRESS STREET ADDRESS 3109-B EAST 4TH AVE. CITY-ST-ZIE CITY-ST-ZIP TAMPA FL ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP _ Delete TITLE _ _ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE

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. Tel: (813)248-3428

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNING OFFICER OF DIRECTOR

Thomas L. Hogan, President

03/30/00