FILED

03 DEC -1 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G21582

1. Entity Name
RED HOGAN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3109-B EAST 4TH AVE. TAMPA, FL 33605	3109-B EAST 4TH AVE. P.O. BOX 13201 TAMPA, FL 33681-3201 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2338770** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JEFFRIES, DAVID M. DAVID M JEFFRIES, GANTHER & FEE, PA 101 EAST KENNEDY BLVD STE 1030 TAMPA, FL 33602	Name: Josef Kusser Street Address (P.O. Box Number is Not Acceptable): 3109 E. 4th Ave. City: Tampa FL Zip Code: 33605

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: J. Kusser Josef M. Kusser, president
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR is $61.25
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOGAN, THOMAS L. 3109-B EAST 4TH AVE. TAMPA, FL	☒ Delete	PT Josef M. Kusser 3109 E. 4th Tampa, FL 33681	☐ Change ☒ Addition
		☐ Delete	VP Alan J. Castle same	☒ Change ☐ Addition
		☐ Delete	S Hans-Michael Kraus 1230 Peachtree; Atlanta GA 30309	☐ Change ☒ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete	900024978909 11/24/03--01076--015 **185.00	☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: H.M. Kraus H.M. Kraus 404-815-3754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #