

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

0010606

**DOCUMENT # L01000001556**

1. Entity Name

**HOGREVE & HOGREVE, LC**



08-25-2003 90043 013 \*\*\*\*50.00

Principal Place of Business 1900 ROCKLEDGE BLVD. ROCKLEDGE FL 32955	Mailing Address 1900 ROCKLEDGE BLVD. ROCKLEDGE FL 32955
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2. Principal Place of Business 96 Willard Street Suite, Apt. #, etc. Suite 206 City & State Cocoa, FL Zip FL 32922 Country USA	3. Mailing Address 96 Willard Street Suite, Apt. #, etc. Suite 206 City & State Cocoa FL Zip 32922 Country USA
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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 52-2297820	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent HOGREVE, BARTON W 1900 ROCKLEDGE BLVD. ROCKLEDGE FL 32955	7. Name and Address of New Registered Agent Name Hogreve, Barton W. Street Address (P.O. Box Number is Not Acceptable) 96 Willard Street, Suite 206 City Cocoa FL Zip Code 32922
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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 Barton W. Hogreve DATE 7/8/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOGREVE, BARTON W 845 CLIFTONS COVE CT COCOA FL 32936 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOGREVE, LESA L 845 CLIFTONS COVE CT COCOA FL 32936 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>4/11/03</del> Hogreve, Lisa L. 32926 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Barton W. Hogreve **SIGNATURE REQUIRED** 7/2/03 (321) 633-3242  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)