

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005132

1. Entity Name

DHOG, LLC

Principal Place of Business  
328 GREEN ACRES DRIVE  
DEFUNIAK SPRINGS FL 32433

Mailing Address  
328 GREEN ACRES DRIVE  
DEFUNIAK SPRINGS FL 32433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip  
32435

Country

Zip  
32435

Country

6. Name and Address of Current Registered Agent

WRIGHT, WILLIAM R  
328 GREEN ACRES DRIVE  
DEFUNIAK SPRINGS FL 32433

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1229921  
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code  
32435

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)

4/20/01

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
WRIGHT, WILLIAM R  
328 GREEN ACRES DRIVE  
DEFUNIAK SPRINGS FL 32433

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
32435

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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800004422058--2  
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CITY-ST-ZIP  
☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/20/01 850-678-4471

Date

Daytime Phone #

0024968  
AF

CR2E083 (11/00)