

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90046 035 ***150.00

DOCUMENT # P00000030701

1. Entity Name
HOGTOWN RENTALS, INC.

Principal Place of Business **Mailing Address**
300 SOUTHWEST MEETING STREET **300 SOUTHWEST MEETING STREET**
MADISON FL 32340 **MADISON FL 32340**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3655583** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

SANDERS, EMMETT P
300 SOUTHWEST MEETING STREET
MADISON FL 32340

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ **Delete**
NAME **SANDERS, EMMETT P III**
STREET ADDRESS **300 SOUTHWEST MEETING STREET**
CITY-ST-ZIP **MADISON FL 32340**

TITLE **STD** ☐ **Delete**
NAME **SANDERS, MARY ANN**
STREET ADDRESS **300 SOUTHWEST MEETING STREET**
CITY-ST-ZIP **MADISON FL 32340**

TITLE **D** ☐ **Delete**
NAME **Frederick M. Norfleet**
STREET ADDRESS **1200 Sentinal Way**
CITY-ST-ZIP **Madison, FL 32340**

TITLE **D** ☐ **Delete**
NAME **Nida N. Norfleet**
STREET ADDRESS **1200 Sentinal Way**
CITY-ST-ZIP **Madison, FL 32340**

TITLE **D** ☐ **Delete**
NAME **Frederick W. Sanders**
STREET ADDRESS **601 N. Horry St**
CITY-ST-ZIP **Madison, FL 32340**

TITLE **D** ☐ **Delete**
NAME **Kimberly M. Sanders**
STREET ADDRESS **601 N. Horry St**
CITY-ST-ZIP **Madison, FL 32340**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Change** ☒ **Addition**
NAME **James Ray Griffin**
STREET ADDRESS **504 W. Base St**
CITY-ST-ZIP **Madison, FL 32340**

TITLE **D** ☐ **Change** ☒ **Addition**
NAME **Susanne S. Griffin**
STREET ADDRESS **504 W. Base St.**
CITY-ST-ZIP **Madison, FL 32340**

TITLE **D** ☐ **Change** ☒ **Addition**
NAME **→**
STREET ADDRESS **→**
CITY-ST-ZIP **→**

TITLE **D** ☐ **Change** ☒ **Addition**
NAME **→**
STREET ADDRESS **→**
CITY-ST-ZIP **→**

TITLE **D** ☐ **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: *Emmett P. Sanders* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02 **850/973-1500**
Date Daytime Phone #

CR2E034 (9/01)