

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2003 8:00 am**  
**Secretary of State**

02-11-2003 90084 046 \*\*\*150.00

**DOCUMENT # P00000030701**

1. Entity Name  
**HOGTOWN RENTALS, INC.**



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

Mailing Address  
**300 SOUTHWEST MEETING STREET  
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

☐ CHECK HERE IF MAKING CHANGES

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>SANDERS, EMMETT P III</b>	
STREET ADDRESS	<b>300 SOUTHWEST MEETING STREET</b>	
CITY-ST-ZIP	<b>MADISON FL 32340</b>	
TITLE	STD	<input type="checkbox"/> Delete
NAME	<b>SANDERS, MARY ANN</b>	
STREET ADDRESS	<b>300 SOUTHWEST MEETING STREET</b>	
CITY-ST-ZIP	<b>MADISON FL 32340</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>NORFLEET, FREDRICK M</b>	
STREET ADDRESS	<b>1200 SENTINAL WAY</b>	
CITY-ST-ZIP	<b>MADISON FL 32340</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>NORFLEET, NIDA N</b>	
STREET ADDRESS	<b>1200 SENITAL WAY</b>	
CITY-ST-ZIP	<b>MADISON FL 32340</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>SANDERS, FREDRICK W</b>	
STREET ADDRESS	<b>601 N HARRY ST</b>	
CITY-ST-ZIP	<b>MADISON FL 32340</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>SANDERS, KIMBERLY M</b>	
STREET ADDRESS	<b>601 N HARRY ST</b>	
CITY-ST-ZIP	<b>MADISON FL 32340</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>James Ray Griffin</b>	
STREET ADDRESS	<b>504 W. Base Street</b>	
CITY-ST-ZIP	<b>Madison, FL 32340</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Susanne S. Griffin</b>	
STREET ADDRESS	<b>504 W. Base Street</b>	
CITY-ST-ZIP	<b>Madison, FL 32340</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

*Emmett P. Sanders*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/10/03**

Date

**850/973-1500**

Daytime Phone #

CR2E034 (10/02)