

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 26 AM 8:00

DOCUMENT # P 000000 66613

1. Entity Name

Bogan International, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8515 E. South Gate Shores Cr. 8515 E. South Gate Shores Circle

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tamavac FL

City & State

Tamavac, FL

Zip

33321

Country

Zip

33321

Country

4. FEI Number

65-1025855

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Simon A. Bogan

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

8515 E. South Gate Shores Circle

City

Tamavac

FL

Zip Code

33321

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

09/25/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Bogan, Simon A.
8515 E. South Gate Shores Circle
Tamavac, FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100023514181
10/02/03--01053--021 **150.00

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Simon Bogan

DATE

09/25/03

DAYTIME PHONE #

954-726-7027
754-246-0687

CR2E034B (12/02)

Florida, September 25, 2003

To: **The State Department**
From: **Bogan International, Inc.**

Dear Sirs,

I want you to know that Bogan International, Inc. has not been activated because I did not received the annual report form up to the present time. I found out about this situation when I called and talked to one of your representatives and she told me that it was sent to a previous address that do not belong to me anymore.

As per your instructions I am sending a check for fees of \$ 150,00 and I am requesting your help to forgive me this time avoiding the \$ 600,00 late fee that I am being charged.

My correct and permanent address is as follows: 8515 E. Southgate Shores Cir. Tamarac FL 33321 and I am thanking you very much for any help on this matter.

Simon Bogan
Bogan International, Inc.

