

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 24, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000069660**1. Entity Name  
HOG CREAM ENTERPRISES, INC.

## Principal Place of Business

5907 WOODPOINT TERRACE

DAYTONA BEACH  
32120

FL

## Mailing Address

POST OFFICE BOX 9141

DAYTONA BEACH  
321209141

FL

## 2. Principal Place of Business

5907 WOODPOINT TERRACE

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

DAYTONA BEACH

FL

## City &amp; State

## 4. FEI Number

59-3663432

## Applied For

Not Applicable

Zip  
32128

Country

Zip

Country

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

## 6. Name and Address of Current Registered Agent

GRAY-ELCYZYN TAMMY  
5907 WOODPOINT TERRACEDAYTONA BEACH  
32120

US

FL

## 7. Name and Address of New Registered Agent

## Name

GRAY-ELCYZYN TAMMY

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

5907 WOODPOINT TERRACE

## City

DAYTONA BEACH

FL

Zip Code  
32128

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 **TAMMY GRAY-ELCYZYN****05/24/2001**

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, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GRAY-ELCYZYN TAMMY	
STREET ADDRESS	5907 WOODPOINT TERRACE	
CITY-ST-ZIP	DAYTONA BEACH FL 32120	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	GRAY-ELCYZYN TAMMY	
STREET ADDRESS	5907 WOODPOINT TERRACE	
CITY-ST-ZIP	DAYTONA BEACH FL 32120	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY-ELCYZYN TAMMY	
STREET ADDRESS	5907 WOODPOINT TERRACE	
CITY-ST-ZIP	DAYTONA BEACH FL 32128	
TITLE	PCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY-ELCYZYN TAMMY	
STREET ADDRESS	5907 WOODPOINT TERRACE	
CITY-ST-ZIP	DAYTONA BEACH FL 32128	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Tammy Gray-Elcyszyn**

PCEO

05/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)