

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90060 036 ***150.00

0035883 AV

DOCUMENT # P01000025031

1. Entity Name
HOGLUND ART, INC.



Principal Place of Business
5415 NW 50TH CT.
COCONUT CREEK FL 33073

Mailing Address
5415 NW 50TH CT.
COCONUT CREEK FL 33073



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1088199**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOGLUND, CHARLENE
5415 NW 50TH CT.
COCONUT CREEK FL 33073

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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **HOGLUND, ROBERT J**
STREET ADDRESS **5415 NW 50TH CT.**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

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

TITLE **SD** ☐ Delete
NAME **HOGLUND, CHARLENE M**
STREET ADDRESS **5415 NW 50TH CT.**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

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

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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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:

Charlene M. Hoglund
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/03

954-428-6945

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

Hoglund Art, Inc. *80146115*
5415 NW 50th Court *# PO 1002025037*
Coconut Creek, Florida 33073
(954) 428-6945 Phone

September 8, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

This is the only Filing Report that the Corporation has received this year. I am hoping that the penalty fee can be waived in this instance, as we have never missed a filing prior. I am enclosing a check in the amount of \$150.00 for the original filing fee.

Should you have any questions please contact me.

Sincerely,

Charlene M. Hoglund

Charlene Hoglund
Secretary