

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90156 040 \*\*\*150.00

**DOCUMENT #** P01000044258 ✓

1. Entity Name

HOURGLASS INVESTMENTS INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4114 CATALPHA AVENUE

3. Mailing Address

4114 CATALPHA AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALM BEACH GARDENS, FLORIDA

City & State

PALM BEACH GARDENS FLORIDA

4. FEI Number

65-1098178

Applied For

Not Applicable

Zip  
33410

Country

PALM BEACH

Zip  
33410

Country

PALM BEACH

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CORPORATE CREATIONS NETWORK INC

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

941 FOURTH STREET #200

City

MIAMI BEACH

FL

Zip Code  
33139

**DO NOT WRITE  
IN THIS SPACE**

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) ☒

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT STEVEN FAUCHER 19 BUNKER PLACE TEQUESTA FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MICHAEL GROGAN 4114 CATALPHA AVENUE PALM BEACH GARDENS FL 33410
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CR2E034B (12/01)

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/02