

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90274 037 ***150.00

DOCUMENT # P01000044258

1. Entity Name
HOURGLASS INVESTMENTS, INC.



Principal Place of Business
4114 CATALPHA AVENUE
PALM BEACH FL 33410

Mailing Address
4114 CATALPHA AVENUE
PALM BEACH FL 33410

2. Principal Place of Business
245 VENUS ST
Suite, Apt. #, etc.
4

3. Mailing Address

Suite, Apt. #, etc.

City & State
JUPITER, FL

City & State

SAME

Zip
33458

Country
USA

Zip

Country

4. FEI Number
65-1098178

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

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name
FAUCHER, STEVEN
Street Address (P.O. Box Number is Not Acceptable)
245 VENUS ST # 4
City
JUPITER FL
Zip Code
33458

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FAUCHER, STEVEN 19 BUNKER PLACE TEQUESTA FL 33469 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GROGAN, MICHAEL 4114 CATALPHA AVE. PALM BEACH GARDENS FL 33410 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03 **561-747-8037**
Date Daytime Phone #

CR2E034 (10/02)