

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000060504**

1. Entity Name

ADAM HOGUE LAWN SERVICE, INC.**FILED**
Aug 25, 2002 8:00 am
Secretary of State

07-11-2002 90244 045 ***150.00

Principal Place of Business

**25592 TROPIC ACRES DR.
BONITA SPRINGS FL 34135**

Mailing Address

**25592 TROPIC ACRES DR.
BONITA SPRINGS FL 34135**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

593723176

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOGUE, ADAM M**25592 TROPIC ACRES DR.
BONITA SPRINGS FL 34135**

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

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
HOGUE, ADAM M
25592 TROPIC ACRES DR.
BONITA SPRINGS FL 34135**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

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: *SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

ADAM HOGUE LAWN SERVICES, INC.
25592 TROPIC DRIVE
BONITA SPRINGS, FL 34135
(239) 947-3818

Attachment
PO1000060504
42109

July 8, 2002

Florida Department of State
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: 2002 Uniform Business Report

To Whom It May Concern:

This is my first year in business and I had no knowledge of the requirement for filing a Uniform Business Report. I am quite sure, however, that if I had received this form earlier in the year, I would have taken it to my accountant to seek her assistance in filing this report. If it was sent prior to this, it must have been lost in the mail.

My accountant called earlier today and explained the circumstances and was told that it would be O.K. to get the payment off to you immediately with this letter so I can retain my corporation in the State of Florida.

I appreciate your understanding in this matter. My check for \$150.00 is included.

Sincerely,

Adam Hogue, President

Adam M. Hogue