

**2002 UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P01000065988

1. Entity Name

MIKE HOGAN &amp; ASSOCIATES, INC.

02 AUG 27 AM 11:33 AM

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
B0133158Principal Place of Business  
4294 BUCK POINT RD  
JACKSONVILLE FL 32210Mailing Address  
4294 BUCK POINT RD  
JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4294 Buck Point Rd.

3. Mailing Address

4294 Buck Point Rd.

Suite, Apt. #, etc.

Jax, Fl. 32210

Suite, Apt. #, etc.

Jax, Fl.

City &amp; State

City &amp; State

4. FEI Number

59-3731527

Applied For

Not Applicable

Zip

32210

Country

Rural

Zip

32210

Country

Rural

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

6. Name and Address of Current Registered Agent

HOGAN, JOSEPH M  
4294 BUCK POINT RD  
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

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 reappointing)

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 State**10. 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~~President~~  
Mike Hogan  
4294 Buck Point Rd.  
Jax, Fl. 32210☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPSecretary  
Judy Hogan  
4294 Buck Point Rd.  
Jax, Fl. 32210☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
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CITY-ST-ZIP☐ DeleteTITLE  
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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:

Mike Hogan  
Secretary

7-29-02 / 904-778-2143

SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

8/12/2002

Jay

Attached is the information concerning our filing, (or should I say attempt to file) of our annual report. As you reported the form was returned to us requesting the late fee you will recall we never got the original notice. They kept our \$150.00.

Please correct as soon as possible. If you have any questions I can be reached at (904) 219-8924.

Thank you

Mike Hogan

Mike Hogan & Associates  
4294 Birch Point Rd.  
Jacksonville, FL 32210