

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90433 046 ***150.00

DOCUMENT # **PD1000090232**
1. Entity Name
BOGEY'S, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
32137 WOLFBRANCH LANE
Suite, Apt. #, etc.

3. Mailing Address
32137 WOLFBRANCH LANE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SORRENTO FL

City & State
SORRENTO FL

Zip
32776 Country
USA

Zip
32776 Country
USA

4. FEI Number
01-0653273

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
EDWARD P. JORDAN II

Street Address (P.O. Box Number is Not Acceptable)
13543 EAST HIGHWAY 50

City
CLERMONT FL Zip Code
34711

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 JAMES W. TILQUIST 32137 WOLFBRANCH LANE SORRENTO FL 32776	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER ALLEN MILLER 32137 WOLFBRANCH LANE SORRENTO FL 32776	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 supplement 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: **James W. Tilquist** 4/29/02 352/383/2953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #