

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

0417243 AV

DOCUMENT # P02000018975

1. Entity Name
CFOG, INC.



04-17-2003 90626 037 ***150.00

Principal Place of Business
~~8103 CARLTON STREET~~
HOBE SOUND FL 33435

Mailing Address
~~8103 CARLTON STREET~~
HOBE SOUND FL 33435



2. Principal Place of Business

3. Mailing Address

4016 NW GOLDENROD RD →

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JENSEN BCH FL

City & State
→

4. FEI Number
03-0392236

Applied For
Not Applicable

Zip
34957

Country
USA

Zip
→

Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE, MICHAEL
~~8103 CARLTON STREET~~
HOBE SOUND FL 33435

Name
Street Address (P.O. Box Number is Not Acceptable)
4016 NW GOLDENROD RD #104
City **JENSEN BCH FL** Zip **34957**

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

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
PD
LEE, JEFFERY ☐ Delete
943 SE BROOKSIDE TERRACE
PORT ST. LUCIE FL 34983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD- ☐ Delete
LEE, MICHAEL
8103 CARLTON STREET
HOBE SOUND FL 33435

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSTD ☒ Change ☐ Addition
4016 NW GOLDENROD RD #104
JENSEN BEACH FL 34957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VFD- ☐ Delete
WORDELL, GWYNN
8479 SE SABAL STREET
HOBE SOUND FL 33435

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD ☒ Change ☐ Addition
2016 NW MARSH RABBIT LN.
JENSEN BEACH FL 34957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (10/02)