FILED Jan 23, 2003 8:00 am

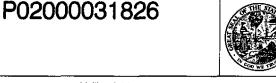
Secretary of State

01-23-2003 90051 032 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

1. Entity Name HOGROAD, INC



Principal Place of Business 309 SAWGRASS COURT NAPLES FL 34110

Mailing Address 309 SAWGRASS COURT NAPLES FL 34110

2. Principal Place of Business 16 Her-Lage Way	3. Mailing Address 16 Her Tage
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip



CHECK HERE IF MAKING CHANGES

EPIFANIO, JOSEPH R 309 SAWGRASS COURT NAPLES FL 34110

3/110

7. Name and Address of New Registered Agent

4. FEI Number

Street Address (P.O. Box Number is Not Acceptable)

5. Certificate of Status Desired

33-0998574

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.

Country

USA

USA

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

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

Applied For

\$8.75 Additional

Not Applicable

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Addition ☐ Delete TIT! F offauro Joseph K. EPIFANIO, JOSEPH R NAME NAME 16 Hertage Way 309 SAWGRASS COURT STREET ADDRESS STREET ADDRESS NAPLES FL 34110 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 of 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 attach

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition