

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

PO2000055772

FILED

03 AUG 15 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10704 AQUA SURF CT

10704 AQUA SURF CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

ESTERO FL.

ESTERO FL

04 366 7867

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

33928

U.S.A.

33928

U.S.A.

7. Name and Address of Current Registered Agent

Name

THOMAS J. HOGAN

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

10704 AQUA SURF CT

City

ESTERO

FL

Zip Code

33928

**DO NOT WRITE
IN THIS SPACE**

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

THOMAS J. HOGAN PRESIDENT

8/4/03

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) ☐

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
THOMAS HOGAN
10704 AQUA SURF CT
ESTERO FL 33928

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200021489122
08/14/03--01006--006 **26.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
THOMAS HOGAN
10704 AQUA SURF CT 33928
ESTERO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
THOMAS HOGAN
10704 AQUA SURF CT
ESTERO FL 33928

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
THOMAS HOGAN
10704 AQUA SURF CT
ESTERO FL 33928

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200021489122
07/21/03--01052--003 **35.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

THOMAS J. HOGAN PRESIDENT

DATE

Daytime Phone #

8/4/03 239 272 1436

CR2E034B (12/01)