

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000016430**

1. Entity Name

HOG'S BREATH INTERNATIONAL, INC.**FILED****May 04, 2001 8:00 am**
Secretary of State

05-04-2001 90112 039 ***150.00

Principal Place of Business

**51 HWY 98 EAST
DESTIN FL 32541
US**

Mailing Address

**51 HWY 98 EAST
DESTIN FL 32541
US**

2. Principal Place of Business

536 Mountain Dr

Suite, Apt. #, etc.

3. Mailing Address

541 Highway 98 East

Suite, Apt. #, etc.

City & State

Destin, Florida

City & State

Destin, FLORIDA

Zip

32541

Country

USA

Zip

32541

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARR, CHARLA D
541 HWY 98 EAST
DESTIN FL 32541**

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.

SIGNATURE

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) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	DORMINY, JERRY	
STREET ADDRESS	737 HWY 98 EAST; #4	
CITY-ST-ZIP	DESTIN FL 32541	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2001

Date

(850) 837-5100

Daytime Phone #

CR2E034 (10/00)