

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90126 038 ***150.00

DOCUMENT # P95000044994

1. Entity Name

DOUBLE BOGEY AUTO TRANSPORT INC



Principal Place of Business

**2425 17TH ST
SARASOTA FL 34234**

Mailing Address

**2425 17TH ST
SARASOTA FL 34234**

2. Principal Place of Business

**2007 51ST ST
Suite, Apt. #, etc.**

3. Mailing Address

**2007 51ST ST
Suite, Apt. #, etc.**

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

65-0586243

Applied For

☐ Not Applicable

Zip

34234

Country

SARASOTA

Zip

34234

Country

SARASOTA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HASBROUCK, JO ELLEN
4645 STONERIDGE TRL
SARASOTA FL 34232**

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. 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

TITLE	P	<input type="checkbox"/> Delete
NAME	HASBROUCK, JOELLEN	
STREET ADDRESS	2425 17TH ST	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	D	<input type="checkbox"/> Delete
NAME	HASBROUCK, LUIS F	
STREET ADDRESS	4645 STONERIDGE TRAIL	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CAVANNAUGH, THOMAS	
STREET ADDRESS	2425 17TH ST	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2007 51st Street	
STREET ADDRESS	SARASOTA, FL 34234	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2007 51st Street	
STREET ADDRESS	SARASOTA, FL 34234	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

Joellen Hasbrouck

1/20/03 941-953-4445

Date

Daytime Phone #

CR2E034 (10/02)