2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State
04-11-2002 90679 022 ***150.00

002520 AV

DOCUMENT # **P97000035501**

1. Entity Name
BRADLEY W. HOGREVE, P.A.

Principal Place of Business	Mailing Address
3700 SOUTH TAMIAMI TRAIL SUITE 201 SARASOTA FL 34239	3700 SOUTH TAMIAMI TRAIL SUITE 201 SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1734 Main Street	1734 Main Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota FL	City & State: Sarasota, FL
Zip: 34236 Country: US	Zip: 34236 Country: US

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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
HOGREVE, BRADLEY W 3700 SOUTH TAMIAMI TRAIL SUITE 201 SARASOTA FL 34239	Name: Hogreve, Bradley W. Street Address (P.O. Box Number Is Not Acceptable): 1734 Main Street City: Sarasota **FL** Zip Code: 34236

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] 4/5/02
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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOGREVE, BRADLEY W 3700 S TAMIAMI TRAIL, STE 201 SARASOTA FL 34239 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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] 4/5/02 941 951-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #