2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UN	DO3 FOR PROFIFORM BUSINI	IT CORPORESS REPOR	RATI	ON JBR		FILED Aug 22, 2003 8:00 am Secretary of State		
1. Entity Nan GEORGE	HOGGE, INC.	(Y				08-22-2003 90101 024 ***150.00		
Principal Place	ce of Business	Mailing Address 6096 BUCKEYE CT						
A		A						
TAMARAC FL 33319 TAMARAC FL 33319 US US								
,	Place of Business L NW 118 TER	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES		
City & Stat	LAL SPRINGS	City & State				4. FEI Number 65-0766127 Applied For Not Applicable		
Zip	3065 Country	Zip	Zip Counti			5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent	1			7. Name and Address of New Registered Agent		
THE PERSON				Name S		- Company of the second		
HOGGE,			Street Address ((P.O. Box Number is Not Acceptable)		
6096 BUC A	SKETE UI			·				
TAMARAC FL 33319				City FL Zip Code				
8. The above	named entity submits this statement for	or the purpose of changing it:	s registere	d office or	registere	ered agent, or both, in the State of Florida. I am familiar with, and accept		
the obligat	ions of registered agent.		ノ	-		2/2/-		
SIGNATURE .	(Cloret	Hoge	<u></u>			8/18/03		
	Signature, typed of printed name of registered agent	and title if applicability (NO:	E: Hegistered	Agent signatu	re required	d when reinstating) DATE DATE		
After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 Repartment to Plorida Department of the state o					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND		11.	-		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	MR	☐ Delete	TITLE			☐ Change ☐ Addition 8 4		
NAME STREET ADDRESS	HOGGE, GEORGE			NAME STREET ADDRESS 2		442 NW 118 TER _ 5		
CITY-ST-ZIP	6096 BUCKEYE CT A TAMARAC FL 33319			ST-ZIP	<u>ر</u> د	DEAL SPRINGS FL 33065 #		
TITLE		☐ Delete	TITLE			DEAL SPRINGS FL 33065 H		
NAME				NAME				
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CITY-ST-ZIP			CITY-	ST-ZIP				
TITLE NAME		☐ Delete	TITLE			☐ Change ☐ Addition		
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			CITY-	ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change ☐ Addition		
NAME Street address			NAME STREE	T ADDRESS		· ·		
CITY-ST-ZIP				ST-ZIP				
12. I hereby of indicated of the correctanged,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address)	this filling does not qualify to true and accurate and that i wered to execute this report with all other like empowered	The exer my signati as require	nption state ure shall ha ed by Chap	ed in Sec ave the s oter 607,	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if		

Attachment

9.0152281 #P9700056878

George Hogge, Inc.

2442 NW 118th Terrace Coral Springs, Florida 33065

August 18, 2003

Division of Corprations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Florida 32302

Dear Sir or Madam:

This is the first UBR that I received this year.

Sincerely,

George Hogge President