## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

P98000054649

1. Entity Name
HOGAN GAS CO.



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

02-27-2003 90172 011 \*\*\*158.75

Expression of the purpose of changing its registered agent, or both, in the Stete of Florida. I am familiar with, an the obligations of registered agent agent and or propose of changing its registered agent, or both, in the Stete of Florida. I am familiar with, an the obligations of registered agent agent and the purpose of changing its registered agent, or both, in the Stete of Florida. I am familiar with, an the obligations of registered agent and the purpose of changing its registered agent, or both, in the Stete of Florida. I am familiar with, an the obligations of registered agent.  SIGNATURE  Signature, type of present agent and the purpose of changing its registered agent, or both, in the Stete of Florida. I am familiar with, an the obligations of registered agent, or both, in the Stete of Florida. I am familiar with, an the obligations of registered agent.  SIGNATURE  Signature, type of present agent and the purpose of changing its registered agent, or both, in the Stete of Florida. I am familiar with, an the obligations of registered agent, or both, in the Stete of Florida. I am familiar with, an the obligations of registered agent, or both, in the Stete of Florida. I am familiar with, an the obligations of registered agent, or both, in the Stete of Florida. I am familiar with, an familiar with,				63				
Sulle, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Great   Grea	101 JACKSON AVE		101 JÄCKSON AVE. GREENACRES FL 33463		- - - 1981/88/1/10 (8)8/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011/86/1/2011			
City & State  Country  Country  S. Certificate of Status Desired  Street Address of Now Registered Agent  Name  HOGAN, ALAN F  4078 KWEY DRIVE  LAKE WORTH FL 33461  City  FL Zip Code  City  FL Zip Code  City  FL Zip Code  City  FL Display  Lake Worth FL 3461  City  FL Display  Signature, specific and entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, an the obligators of registered agent, or both, in the State of Florida. I am familiar with, an the obligators of registered agent.  SIGNATURE  FILE NOW/III FEE IS \$150,00  After May 1, 2003 Fee will be \$550,00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE  SIRET ADDRESS  DIV ST. 2P  HOGAN, ALAN F  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE  AMAGE STREET ADDRESS  CITY ST. 2P  HOGAN, ALAN F  AMAGE STREET ADDRESS  CITY ST. 2P  HOGAN CLAUDIA A  AMAGE CHECK  AMAGE STREET ADDRESS  CITY ST. 2P  HOGAN CLAUDIA A  AMAGE CHECK  SIRET ADDRESS  CITY ST. 2P  HORA  ALKE WORTH FL 33461  Claupe    Change	incipal Place of Busin	Business	3. Mailing Address	<del></del>			<b>                                    </b>	
Zip Country Zip Country 5. Certificate of Status Desired Does Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAGAN, ALAN F A078 KWEY DRIVE LAKE WORTH FL 33461  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida Desired Agent agen	uite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
S. Cautify S. Cautify S. Cautify S. Cautify S. Cautify S. Cautify S. Cautificate of Status Desired Down Registered Agent Fee Required  6. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Name  HOGAN, ALAN F 4078 KIVEY DRIVE  LAKE WORTH FL 33461  City FL Zip Code  6. 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, an the obligations of registered agent and she is applicable.  RIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  NAME STREET ADDRESS  CITY-S1-ZP  LAKE WORTH FL 33461  Delete  HOGAN, ALAN F 4078 KIVEY DR  LAKE WORTH FL 33461  Delete  HOGAN CLAUDIA A 4078 KIVEY DR  LAKE WORTH FL 33461  Delete  HOGAN CLAUDIA A 4078 KIVEY DR  LAKE WORTH FL 33461  Delete  HOGAN CLAUDIA A 4078 KIVEY DR  LAKE WORTH FL 33461  Delete  HOGAN CLAUDIA A 4078 KIVEY DR  LAKE WORTH FL 33461  Delete  HOGAN CLAUDIA A 4078 KIVEY DR  LAKE WORTH FL 33461  Delete  HOGAN CLAUDIA A 4078 KIVEY DR  LAKE WORTH FL 33461  Delete  HOGAN CLAUDIA A 4078 KIVEY DR  LAKE WORTH FL 33461  Delete  HOGAN CLAUDIA A 4078 KIVEY DR  LAKE WORTH FL 33461  Delete  HOGAN CLAUDIA A 4078 KIVEY DR  LAKE WORTH FL 33461  Delete  HOGAN CLAUDIA A 4078 KIVEY DR  LAKE WORTH FL 33461  Delete  HOGAN CLAUDIA A 4078 KIVEY DR  LAKE WORTH FL 33461  Delete  HOGAN CLAUDIA A 4078 KIVEY DR  LAKE WORTH FL 33461  Delete  HOGAN CLAUDIA A 4078 KIVEY DR  LAKE WORTH FL 33461  Delete  HOGAN CLAUDIA A 4078 KIVEY DR  LAKE WORTH FL 33461  Delete  HOGAN CLAUDIA A 4078 KIVEY DR  LAKE WORTH FL 33461  Delete  HOGAN CLAUDIA A 4078 KIVEY DR  LAKE WORTH FL 33461  Delete  HOGAN CLAUDIA A 4078 KIVEY DR  LAKE WORTH FL 33461  Delete  HOGAN CLAUDIA A 4078 KIVEY DR  LAKE WORTH FL 33461  Delete  HOGAN CLAUDIA A 4078 KIVEY DR  LAKE WORTH FL 33461  Delete  HOGAN CLAUDIA A 4078 KIVEY DR  LAKE WORTH FL 33461  DELETE TO TREET ADDRESS  CITY	ty & State		City & State			4. FEI Number 65-0845963		Applied For Not Applicable
Some and Address of Current Registered Agent	)	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 A	Additional
HOGAN, ALAN F 4078 KIVEY DRIVE LAKE WORTH FL 33461  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, an the obligations of registered agent.  SIGNATURE    Synchrow types of printed raine of registered agent and size if applicable. (NOTE Registered Agent synthere registered agent, or both, in the State of Florida. I am familiar with, an familiar with, and fami	6. Name	Name and Address of Current F	Registered Agent			7. Name and Address of New Re-		
### Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code				Na	ame	<del></del>	<u> </u>	-
LAKE WORTH FL 33461  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent.  SIGNATURE  Signature process of registered agent and title if applicable. (NOTE Registered Agent sephature required when reindusing)  PILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT IN IN IN IN INTERPRETATION AND ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IT IN IN IN INTERPRETATION AND ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IT IN IN IN INTERPRETATION AND ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IT IN IN IN INTERPRETATION AND ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IT IN IN IN INTERPRETATION AND ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IT IN IN IN INTERPRETATION AND ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IT IN IN IN INTERPRETATION AND ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IT IN IN INTERPRETATION AND ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IT IN IN INTERPRETATION AND ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IT IN IN INTERPRETATION AND ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IT IN INTERPRETATION AND ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IT IN IN INTERPRETATION AND ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IT IN INTERPRETATION AND ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IT IN INTERPRETATION AND ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IT IN INTERPRETATION AND ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IT IN INTERPRETATION AND ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IT IN INTERPRETATION AND ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IT IN INTERPRETATION AND ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IT IN INTERPRETATION AND ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IT IN INTERPRETATION AND ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IT IN INTERPRETATION AND ADDITIONS CHANGES TO OF	igan, alan f	F			raat Addrass (C	O Barthania in National	<del></del>	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent.  SIGNATURE    Signature, typed or pretant name of registered agent and into if applicable. (NOTE Registered Agent signature required when terinatating)    Prilite NOW!!! FEE IS \$150.00   After May 1, 2003 Fee will be \$550.00   Make Check Payable to Florida Department of State   O	78 KIVEY DRIVE	VE		1 50	reet Address (P	:O. Box Number is Not Acceptable)		
B. 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, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an order for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, an order for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, an order for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, an order for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, an order for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, an order for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, an order for the purpose of change its registered agent, or both, in the State of Florida. I am familiar with, an order for the purpose of change its registered agent, or both, in the State of Florida. I am familiar with, an order for the purpose of change its registered agent, or both, in the State of Florida. I am familiar with, and the purpose of change its registered agent, or both, in the State of Florida. I am familiar with, and the suppose of change its registered agent, or both, in the State of Florida. I am familiar with, and the purpose of change its registered agent, or both, in the State of Florida. I am familiar with, and the purpose of change its registered agent, or both, in the State of Florida. I am familiar with, and the purpose of change its registered agent, or both, in the State of Florida. I am familiar with, and the purpose of change its registered agent, or both, in the State of Florida. I am familiar with, and the purpose of change its registered agent, or both in the State of Florida. I am familiar with, and the purpose of the purpose of the purpose of the p	KE WORTH FL 334	L 33461						
SIGNATURE   Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstations)   DATE				Cit	ty		FL Zip Co	ode
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	e above named entity obligations of regist	d entity submits this statement for registered agent.	the purpose of changing	its registered off	ice or registere	d agent, or both, in the State of Flori	da. I am familiar witl	h, and accept
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT ILE NAME STREET ADDRESS CITY-ST-ZIP UTILE HOGAN, ALAN F 4078 KIVEY DR LAKE WORTH FL 33461  UPD Delete HOGAN, CLAUDIA A 4078 KIVEY DR LAKE WORTH FL 33461  UTILE NAME STREET ADDRESS CITY-ST-ZIP UTILE NAME STR	ATURE Signature, typed	a, typed or printed name of registered agent a	nd title if applicable. (N	IOTE: Registered Agen	t signature required v	when reinstating)	DATE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	After May 1, 200 Check Payable to	i, 2003 Fee will be \$550.00 ble to Florida Department of		_				.00 May Be ed to Fees
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME HOGAN, ALAN F 4078 KIVEY DR LAKE WORTH FL 33461  TITLE NAME HOGAN, CLAUDIA A 4078 KIVEY DR LAKE WORTH FL 33461  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP		OFFICERS AND D		11.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 11
STREET ADDRESS CITY-ST-ZIP  VPD HOGAN, CLAUDIA A 4078 KIVEY DR LAKE WORTH FL 33461  ITILE NAME STREET ADDRESS CITY-ST-ZIP  LAKE WORTH FL 33461  ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	l -	AN AIAN E	☐ Delete				☐ Change	☐ Addition
CITY-ST-ZIP  TITLE NAME STREET ADDRESS					pcce			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			•					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VPD		☐ Delete	TITLE	-	<del></del>	Change	☐ Addition
CITY-ST-ZIP  TITLE NAME STREET ADDRESS	HOGAN, C	AN, CLAUDIA A	Dulate				C1 change	Acoution
TITLE Delete TITLE Change STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS				STREET ADDI	RESS			
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	-ZIP LAKE WOF	WORTH FL 33461	70.4	CITY-ST-ZIF	·			
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS	-	,	☐ Delete				☐ Change	☐ Addition
CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS		_ , ,; ,		INAME		. And the state of		
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	l l			1	l l			
NAME STREET ADDRESS CITY-ST-ZIP CITYLE UNAME STREET ADDRESS CITY-ST-ZIP CITYLE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS						, , , , , , , , , , , , , , , , , , ,		
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE VAME NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS			☐ Delete				Change	☐ Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	DDRESS				RESC			
NAME STREET ADDRESS STREET ADDRESS								
NAME STREET ADDRESS STREET ADDRESS		<del></del>	☐ Delete	TITLE			☐ Channe	☐ Addition
Office of the	1			NAME				
ZITY-ST-ZIP CITY-ST-ZIP				STREET ADDR	RESS			
	ZIP			CITY-ST-ZIP				
		<u>-</u>	☐ Delete	TITLE			☐ Change	Addition
NAME NAME	22222						_	
STREET ADDRESS STREET ADDRESS				STREET ADDR	ESS			
CITY-ST-ZIP	1							.
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 of the corporation or the receiver or busted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Blochanged, or on an attachment with an address, with all other like empowered.								

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTO

2 25/03 (30) W42-7519

CR2E034 (10/02