

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001067

1. Entity Name

PAUL HOGABOOM, P.A.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90096 043 ***150.00

Principal Place of Business

4751 CHEVY PLACE
 ORLANDO FL 32811

Mailing Address

4751 CHEVY PLACE
 ORLANDO/FL 32811-7355

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

ORLANDO FLA.

Suite, Apt. #, etc.

City & State

ORLANDO FLA

Zip

32819

Country

ORANGE

Country

ORANGE

4. FEI Number

59-3547899

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

HOGABOOM, PAUL
 4751 CHEVY PLACE
 ORLANDO FL 32811

Name

PAUL HOGABOOM

Street Address (P.O. Box Number is Not Acceptable)

7814 SUGAR BROOK

ORLANDO FLA

32819

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, 2000 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	PD	<input checked="" type="checkbox"/> Delete
NAME	HOGABOOM, PAUL	
STREET ADDRESS	4751 CHEVY PLACE	
CITY - ST - ZIP	ORLANDO FL 32811	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL HOGABOOM	
STREET ADDRESS	7814 SUGAR BROOK	
CITY - ST - ZIP	ORLANDO FLA 32811	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Date

Daytime Phone #

4-11-00

407 351 2288

CR2E034 (9/99)