

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025282

1. Entity Name

HOGAN COMMUNICATION SYSTEMS, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90234 028 ***150.00

Principal Place of Business

11710 RODNEY ROAD
RIVERVIEW FL 33509

Mailing Address

POST OFFICE BOX 1881
RIVERVIEW FL 33568

2. Principal Place of Business

34147 RIDGE MANOR BLVD.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

DADE CITY, FL

City & State

Zip

33523

Country

USA

Country

4. FEI Number

59-3565060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOAN, MATT
11710 RODNEY RD
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name

MATT HOGAN

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

34147 RIDGE MANOR BLVD.

City

DADE CITY

Zip Code

33523

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 MATT HOGAN PRES.

Signature, typed or printed name of registered agent and title if applicable.

Matt Hogan

(NOTE: Registered Agent signature required when reinstating)

1/21/01

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, 2001 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

TITLE PSTD
NAME HOGAN, MATTHEW A
STREET ADDRESS 11710 RODNEY ROAD
CITY-ST-ZIP RIVERVIEW FL 33509 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 34147 RIDGE MANOR BLVD.
CITY-ST-ZIP DADE CITY, FL 33523 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Matt Hogan* MATT HOGAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/01

Date

352-583-3871

Daytime Phone #

CR2E034 (10/00)