

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90004 020 ***150.00

DOCUMENT # P99000031601

1. Entity Name

HOGAN'S PARTITION SERVICES, INC.

Principal Place of Business

12020 ROTUMA STREET
ORLANDO FL 32837

Mailing Address

12020 ROTUMA STREET
ORLANDO FL 32837

2. Principal Place of Business

~~12020 Rotuma St.~~

Suite, Apt. #, etc.

3. Mailing Address

~~12020 Rotuma St.~~

Suite, Apt. #, etc.

City & State

~~Orlando Florida~~

City & State

~~Orlando, Florida~~

4. FEI Number

~~59-3573815~~

Applied For

Not Applicable

Zip

~~32837~~

Country

~~USA~~

Zip

~~32837~~

Country

~~USA~~

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HOGAN, DENNIS L
12020 ROTUMA STREET
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME PD
STREET ADDRESS HOGAN, DENNIS L
CITY-ST-ZIP 12020 ROTUMA STREET
ORLANDO FL 32837

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 3, 2000 407-240-8372
Date Daytime Phone #

CR2E034 (5/00)

Department of State
Division of Corporations

ATTACHMENT

P99 000031601
DW77457

I never recieved the original, could you please waive the
penalty

Thank you

D. Hg-