

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90004 002 ***150.00

DOCUMENT # P99000049465

1. Entity Name

HOGI! ENTERPRISES, INC.

Principal Place of Business

**5417 CUMBERLAND FOREST LANE
 JACKSONVILLE FL 32257**

Mailing Address

**5417 CUMBERLAND FOREST LANE
 JACKSONVILLE FL 32257**

2. Principal Place of Business

10920 BAYMEADOWS ROAD

3. Mailing Address

10920 BAYMEADOWS ROAD

Suite, Apt. #, etc.

SUITE 27-105

Suite, Apt. #, etc.

SUITE 27-105

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE, FL.

Zip

32256

Country

USA

Zip

32256

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3579964

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

**HOGARTY, JOHN F
 5417 CUMBERLAND FOREST LANE
 JACKSONVILLE FL 32257**

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

John F. Hogarty, President

4/12/2001

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☐ Delete
 NAME **HOGARTY, JOHN F**
 STREET ADDRESS **5417 CUMBERLAND FOREST LANE**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

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

TITLE **VPSD** ☒ Delete
 NAME **HOGARTY, WAI LIN**
 STREET ADDRESS **5417 CUMBERLAND FOREST LANE**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☒ Change ☒ Addition
 NAME **VPSD**
 STREET ADDRESS **RANNON, JAMES**
 CITY-ST-ZIP **4860 PRESTON TRAIL WEST**
BOITE VEDRA, FL. 32080

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **TREASURER**
 STREET ADDRESS **NORTON DEAN**
 CITY-ST-ZIP **8812 IVY MILL PLACE**
JACKSONVILLE, FL. 32244

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

John F. Hogarty, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2001

Date

904-218-5857

Daytime Phone #

CR2E034 (10/00)