

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91866 044 \*\*\*150.00

**DOCUMENT # S22540**

1. Entity Name  
**FOGG REALTY MANAGEMENT CO., INC.**



Principal Place of Business

**DAVIDS, T. J.**  
**INDIALANTIC FL 32903**  
**US**

Mailing Address

**404 NORTH MIRAMAR AVENUE**  
**INDIALANTIC FL 32903**

2. Principal Place of Business

**Fogg Realty Mgmt Co Inc.**  
**404 N. MIRAMAR**  
**Suite, Apt. #, etc.**  
**INDIALANTIC**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**FL**

City & State

4. FEI Number

**59-3047515**

Applied For

Not Applicable

Zip

**32903**

Country

**USA**

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**D. MICHAEL DERRICK**  
**404 NORTH MIRAMAR AVENUE**  
**INDIALANTIC FL 32903**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip

**32903**

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, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PST** ☒ Delete  
NAME **D. MICHAEL DERRICK**  
STREET ADDRESS **404 NORTH MIRAMAR AVENUE**  
CITY-ST-ZIP **INDIALANTIC FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☐ Change ☒ Addition  
NAME **CAROL L. DAVIDS**  
STREET ADDRESS **404 N. MIRAMAR AVE.**  
CITY-ST-ZIP **INDIALANTIC FL 32903**

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

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

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CITY-ST-ZIP

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

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 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 10 or Block 11 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

**4/30/03 321-727-7935**  
DATE DAYTIME PHONE #

CR2E034 (10/02)