

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90120 026 \*\*\*150.00

**DOCUMENT # S27910**

1. Entity Name  
**EAST HOOGEWERFF, INC.**



Principal Place of Business  
**2807 W BUSCH BLVD SUITE 101  
TAMPA FL 33618**

Mailing Address  
**2807 W BUSCH BLVD SUITE 101  
TAMPA FL 33618**

2. Principal Place of Business

**4104 W. Linebaugh Av.**

Suite, Apt. #, etc.

**201**

City & State

**Tampa FL**

Zip  
**33624**

Country  
**USA**

3. Mailing Address

**4104 W. Linebaugh Av.**

Suite, Apt. #, etc.

**201**

City & State

**Tampa FL**

Zip  
**33624**

Country  
**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3078385**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DAMMERS, ROBERT J.**

**% EAST INC**

**2807 W BUSCH BLVD #101**

**TAMPA FL 33618**

7. Name and Address of New Registered Agent

Name

**Robert J. Dammers**

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

**4104 W. Linebaugh Av. Ste 201**

City

**Tampa**

FL

Zip Code

**33624**

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 **D** ☐ Delete  
NAME **DAMMERS, R J**  
STREET ADDRESS **2807 W BUSCH BLVD #101**  
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ Delete  
NAME **LAVEROCK, AH**  
STREET ADDRESS **2807 W BUSCH BLVD. #101**  
CITY-ST-ZIP **TAMPA 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4104 W. Linebaugh Av. Ste 201**  
CITY-ST-ZIP **Tampa FL 33624**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4104 W. Linebaugh Av. Ste 201**  
CITY-ST-ZIP **Tampa FL 33624**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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

**Robert J. Dammers**

Date

Daytime Phone #

**04/01/03** **931-0960**

CR2E034 (10/02)