

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S68298**1. Entity Name
BOGEO, INC.**FILED**
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90064 027 ***150.00

0462894

Principal Place of Business
P.O. BOX 1002
QUINCY FL 32353Mailing Address
P.O. BOX 1002
QUINCY FL 32353**C0007924**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country3. Mailing Address
P.O. Box 1587
Quincy FL
Suite, Apt. #, etc.
City & State
Zip Country
323534. FEI Number **59-3077332**
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent
BIST, MICHAEL P
1300 THOMASWOOD DRIVE
TALLAHASSEE FL 323127. 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) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
D EDWARDS, O W III 916 W. JEFFERSON STREET QUINCY FL 32351
Delete
Delete
Delete
Delete
Delete12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition

CR2E034 (10/00)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/12/01
Date850 545 4903
Daytime Phone #