

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V48939

1. Entity Name

JOAN HOGE, INC.

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90037 043 \*\*\*150.00

Principal Place of Business

Mailing Address

4110 S FLORIDA AVE  
SUITE D  
LAKELAND FL 33813

4110 S FLORIDA AVE  
SUITE D  
LAKELAND FL 33813-2176

904208



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4406 S. Florida Ave

4406 S. Florida Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 26

Suite 26

City & State

City & State

Lakeland FL

Lakeland FL

Zip

Country

Zip

Country

33813

POLK

33813

POLK

4. FEI Number 59-3132708

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

NEWMAN, M. MITCHELL  
400 N TAMPA ST  
SUITE 2900  
TAMPA FL 33602

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 \$150.00**  
**After MAY 1, 2000 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 PST  
NAME HOGE, JOAN  
STREET ADDRESS 4110 S. FLORIDA AVE.  
CITY-ST-ZIP LAKELAND FL ☐ Delete

TITLE <sup>PST</sup> HOGE, JOAN ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4406 S Florida Ave, Suite 26  
CITY-ST-ZIP LAKELAND, FL

TITLE D  
NAME HOGE, JOAN  
STREET ADDRESS 4110 S. FLORIDA AVE  
CITY-ST-ZIP LAKELAND FL ☐ Delete

TITLE D ☒ Change ☐ Addition  
NAME HOGE, JOAN  
STREET ADDRESS 4406 S Florida Ave, Suite 26  
CITY-ST-ZIP LAKELAND, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

JOAN HOGE

Date

Daytime Phone #

1-16-00

8636462104