

**2002 UNIFORM BUSINESS REPORT (UBR)**

1/1

**FILED**  
**Mar 10, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90073 005 \*\*\*158.75

**DOCUMENT # P01000007720**  
 1. Entity Name  
**BUSINESS OPPORTUNITY ALLIANCE, INC.**

Principal Place of Business      Mailing Address  
 13114 HAZEL CREST STREET      13114 HAZEL CREST STREET  
 SPRING HILL FL 34609      SPRING HILL FL 34609

00004000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**22299 Cortez Blvd**      **22299 Cortez Blvd**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State      4. FEI Number      Applied For  
**Brooksville, FL**      **Brooksville, FL**      **59-3691187**      Not Applicable  
 Zip      Country      5. Certificate of Status Desired      \$8.75 Additional Fee Required  
**34601**      **USA**      **34601**      **USA**

6. Name and Address of Current Registered Agent  
**ADLER, ANDREW ESQ**  
**3321 HENDERSON BLVD**  
**TAMPA FL 33809**

7. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable      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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHAWKEY, GARY</b> <b>13114 HAZELCREST STREET</b> <b>SPRING HILL FL 34609</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SHAWKEY, GARY</b> <b>13114 HAZELCREST STREET</b> <b>SPRING HILL, FL 34609</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature]**      **1/5/2002**      **352-544-0151**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)