## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 22, 2002 8:00 am Secretary of State DOCUMENT # P01000114531 1. Entity Name 05-22-2002 90084 044 \*\*\*150 00 BOSCHETTI ENTERPRISES, INC. Principal Place of Business Mailing Address 929 W LANCASTER RD 929 W LANCASTER RD ORLANDO FL 32809 ORLANDO FL 32809 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required, ... 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BOSCHETTI, JAIME** Street Address (P.O. Box Number is Not Acceptable) 10524 SUNRISE TERR ORLANDO FL 32825 Zip Code City 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) FILE:NOW!!!-FEE:IS:\$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) ☐ Change ☐ Delete \_\_\_ Addition TITLE TITLE BOSCHETTI, JAIME NAME NAME STREET ADDRESS STREET ADDRESS 10524 SUNRISE TERR CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32825 ☐ Delete TITLE Change ■ Addition NAME NAME **BOSCHETTI, JOSE** STREET ADDRESS STREET ADDRESS 967 OLD BARN RD CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32805 TITLE TITLE Change ☐ Addition De ete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

SIGNATURE:

AN HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENTX

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

407-854 70=

Daytime Phone i

**FILED**