


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0070897 AV

<b>DOCUMENT #</b> P02000068627	
<b>1. Entity Name</b> BOGOLF ENTERPRISES, INC.	

03 OCT 14 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>Principal Place of Business</b> 5281 SW 23RD TERR DANIA FL 33312	<b>Mailing Address</b> 5281 SW 23RD TERR DANIA FL 33312
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

<b>4. FEI Number</b> 03-0467658	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  GOULET, HARMEL 2601 NW 48TH TERR #251 LAUDERDALE LAKES FL 33313	<b>7. Name and Address of New Registered Agent</b> Name <u>Bourque, Charles</u> Street Address (P.O. Box Number is Not Acceptable) <u>5281 - SW 23rd Terrace</u> City <u>Dania FL</u> <u>FL</u> Zip Code <u>33312</u>
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**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 Charles Bourque CHARLES BOURQUE 09-11-2003  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$550.00</b> After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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 954-650-7867  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)