

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056286

1. Entity Name

BOCA CIRCUITS GROUP, INC.

FILED

Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90111 007 ***150.00

Principal Place of Business

Mailing Address

2658 N.W. 26TH CIRCLE
BOCA RATON FL 33431

2658 N.W. 26TH CIRCLE
BOCA RATON FL 33431-4055

00030894

2. Principal Place of Business

2658 N.W. 26TH CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

2658 N.W. 26TH CIRCLE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL.

City & State

BOCA RATON, FL.

4. FEI Number

65-0927873

Applied For

Not Applicable

Zip

Country

33431

Zip

Country

33431-4055

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

WENNERSTROM, BRUCE
2658 N.W. 26TH CIRCLE
BOCA RATON FL 33431

Name

~~BRUCE~~ WENNERSTROM, BRUCE

Street Address (P.O. Box Number is Not Acceptable)

2658 N.W. 26TH CIRCLE

City

BOCA RATON

FL

Zip Code

33431

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PTSD
WENNERSTROM, BRUCE
2658 N.W. 26TH CIRCLE
BOCA RATON FL 33431

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTSD
WENNERSTROM, BRUCE
2658 N.W. 26TH CIRCLE
BOCA RATON, FL. 33431

☒ 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

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)(f), 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:

Bruce Wennerstrom BRUCE WENNERSTROM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/00 561-883-5344

Date

Daytime Phone #

CR2F034 (9/99)