

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90157 030 ***150.00

DOCUMENT # P99000064776
 1. Entity Name
BOSSO, DENTZAU & IMHOF, INC.

Principal Place of Business Mailing Address
1200 W. GIMBLE ST. 1200 W. GIMBLE ST.
PENSACOLA, FL 32501 PENSACOLA, FL 32501

A0056921

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number 59-3590265 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DENTZAU, MICHAEL W.
1200 W. GIMBLE ST.
PENSACOLA, FL 32501

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

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, 2001 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	<u>PD</u>	<input type="checkbox"/> Delete
NAME	<u>MICHAEL W. DENTZAU</u>	
STREET ADDRESS	<u>1882 LOG RIDGE TRAIL</u>	
CITY-ST-ZIP	<u>TALLAHASSEE, FL 32312</u>	
TITLE	<u>NTD</u>	<input type="checkbox"/> Delete
NAME	<u>IMHOF, PATRICK J. JR.</u>	
STREET ADDRESS	<u>1070 E. BRAINERD ST.</u>	
CITY-ST-ZIP	<u>PENSACOLA, FL 32503</u>	
TITLE	<u>VSD</u>	<input type="checkbox"/> Delete
NAME	<u>BOSSO, T CHRISTOPHER</u>	
STREET ADDRESS	<u>3222 SAMANTHA DR.</u>	
CITY-ST-ZIP	<u>CANTONMENT, FL 32533</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Tereza Chloa Bossa Date: 4-17-01 Daytime Phone #: 850-434-1935

CR2E034 (11/00)