

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90043 008 \*\*\*150.00

DOCUMENT # P99000064776

1. Entity Name
BOSSO, DENTZAU & IMHOF, INC.

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1300 W. GOVERNMENT ST.
3. Mailing Address
1300 W. GOVERNMENT ST.
Suite, Apt. #, etc.

City & State
PENSACOLA, FL
City & State
PENSACOLA FL
4. FEI Number
59-3590265
Applied For
Not Applicable

Zip
32501
Country
ESCAMBIA
Zip
32501
Country
ESCAMBIA
5. Certificate of Status Desired
\$8.75 Additional Fee Required

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
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, 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

Table with 2 columns: 11. OFFICERS AND DIRECTORS, 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Rows include titles like PD, VTD, VSD and names like DENTZAU, MICHAEL W, IMHOF, PATRICK J JR, BOSSO, T CHRISTOPHER.

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 REQUIRE PATRICK J. IMHOF, JR 1-12-02 850-434-1935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MENTION AVI

CR2E034 (9/01)