2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000103538** May 02, 2000 8:00 am Secretary of State BOMAR INDUSTRIES, INC. 05-02-2000 90008 027 ***150.00 Principal Place of Business Mailing Address 101 BENT-TREE DR.: STE: #59-101 BENT TREE DR., STE. #53 DAYTONA-BEACH FL-32114-DAYTONA BEACH FL 32114 Mailing Address 2. Principal Place of Business **265580** DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 59-3614714 City & State Applied For City & State Not Applicable 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 TOLLEY, MARIAN P Street Address (P.O. Box Number is Not Acceptable) 101 BENT TREE DR., STE. #53 DAYTONA BEACH FL 32114 Zip Code City FL 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. SIGNATUR (NOTE: Registered Agent signature required when reinstating) DATE 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PSD** ☐ Change ☐ Addition ☐ Delete TITLE TITLE **TOLLEY, MARIAN P** NAME NAME STREET ADDRESS 101 BENT TREE DR., STE. #53 STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32114 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE ANTONIELLO, ANNA M NAME NAME 1420 N. ATLANTIC AVE., STE. #1202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32118 CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 7.0 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP I hereby certify that the information supplied with this filling 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.

Daytime Phone #

Date