

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

0451977

DOCUMENT # P99000103538

1. Entity Name
BOMAR INDUSTRIES, INC.

02-15-2001 90105 044 ***150.00

Principal Place of Business 101 BENT TREE DR., STE. #53 DAYTONA BEACH FL 32114	Mailing Address PO BOX 265580 DAYTONA BEACH FL 32126
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 803 FAIRWAY DR. Suite, Apt. #, etc. Suite #2 City & State NEW SMYRNA BEACH, FL. Zip 32168 Country	3. Mailing Address 803 FAIRWAY DR. Suite, Apt. #, etc. Suite #2 City & State NEW SMYRNA BEACH, FL. Zip 32168 Country
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4. FEI Number 59-3614714	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**TOLLEY, MARIAN P
 101 BENT TREE DR., STE. #53
 DAYTONA BEACH FL 32114**

7. Name and Address of New Registered Agent
 Name **TOLLEY, MARIAN P.**
 Street Address (P.O. Box Number is Not Acceptable)
**803 FAIRWAY DR. NO
 Suite #2**
 City **NEW SMYRNA BEACH** FL Zip Code **32168**

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 *Marian P. Tolley* **MARIAN P. TOLLEY** 01/28/01
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.

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD TOLLEY, MARIAN P 101 BENT TREE DR., STE. #53 DAYTONA BEACH FL 32114 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ANTONIELLO, ANNA M 1420 N. ATLANTIC AVE., STE. #1202 DAYTONA BEACH FL 32118 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 803 FAIRWAY DR, Suite #2 NEW SMYRNA BEACH, FL. 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 803 FAIRWAY DR, Suite #1 NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Marian P. Tolley* **MARIAN P. TOLLEY** 01/28/01 (904) 478-1220
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (10/00)