2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
05-11-2000 90307 025 ***150.00

DOCUMENT # 232200

1. Entity Name

THE BODEN CO.

Principal Place of Business	Mailing Address
10445 49TH ST N B CLEARWATER FL 33762 US	10445 49TH STREET NORTH SUITE B CLEARWATER FL 33762-5027 US

DO NOT WRITE IN THIS SPACE

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 59-0907988 ☐ Applied For ☐ Not Applicable

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
NEWVILLE, DUANE 2823 HERON PLACE CLEARWATER FL 34622	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code 33762

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	VD NEWVILLE, ERIC 2823 HERON PLACE CLEARWATER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition 33762
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NEWVILLE, DUANE 2823 HERON PL CLEARWATER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition 33762
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NEWVILLE, MARILLYN 2823 HERON PL CLEARWATER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition 33762
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVD NEWVILLE, DENISE 2823 HERON PL CLEARWATER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition 33762
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEWVILLE, WAYNE 2823 HERON PL CLEARWATER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition 33762
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEWVILLE, KURT 2823 HERON PL CLEARWATER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition 33762

CR2E034 (9/99)

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: Marillyn Newville MARILLYN NEWVILLE 4/26/00 (727) 571-1234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #