

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90740 034 ***150.00

DOCUMENT # 241576

1. Entity Name
SEVEN BS ENTERPRISES, INC.



Principal Place of Business
**4347 CONWAY BLVD.
PORT CHARLOTTE FL 33952**

Mailing Address
**4347 CONWAY BLVD
PVT
PORT CHARLOTTE FL 33952
US**

2. Principal Place of Business

24267 BUCKINGHAM WAY
Suite, Apt. #, etc.

3. Mailing Address

24267 BUCKINGHAM WAY
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
PORT CHARLOTTE, FL.

Zip
33980

Country
USA

City & State
PORT CHARLOTTE - FL.

Zip
33980

Country
USA

4. FEI Number **59-0954229**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BOSTWICK, DOROTHY C.
4347 CONWAY BLVD.
PT CHARLOTTE FL 33952**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

24267 BUCKINGHAM WAY

City **PORT CHARLOTTE**

FL

Zip Code **33980**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **STV** ☐ Delete
NAME **BOSTWICK, DOROTHY**
STREET ADDRESS **4347 CONWAY BLVD.**
CITY-ST-ZIP **PORT CHARLOTTE, FL 00000**

TITLE **PD** ☒ Delete
NAME **BOSTWICK, WILLIAM SR**
STREET ADDRESS **4347 CONWAY BLVD.**
CITY-ST-ZIP **PORT CHARLOTTE, FL 00000**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **BOSTWICK, DOROTHY**
STREET ADDRESS **24267 BUCKINGHAM WAY**
CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dorothy Bostwick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2-2003 944-629-8049

CR2E034 (10/02)