

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 384344

1. Entity Name

BOMANAGEMENT CORPORATION

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90105 044 ***150.00

00000001



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1640 CAPE HOPE AVENUE NE
APT #4
ST PETERSBURG FL 33702
US

1640 CAPE HOPE AVENUE NE
APT #4
ST PETERSBURG FL 33702-7041
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1423973

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GOLDSTEIN, LARRY
7601 38TH AVENUE NORTH
ST PETERBURG FL 33710

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, 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 VSD ☐ Delete
NAME KNOX, LOYCE L
STREET ADDRESS 1640 CAPE HOPE AVE N.E. #4
CITY-ST-ZIP ST. PETERSBURG FL 33702

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

TITLE PTD ☐ Delete
NAME BOWMAN, WILLIAM JR
STREET ADDRESS 1640 CAPE HOPE AVE N.E. #4
CITY-ST-ZIP ST. PETERSBURG FL 33702

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

TITLE VD ☐ Delete
NAME BOWMAN, WILLIAM III
STREET ADDRESS 6705 WOOD MEADOW LOOP
CITY-ST-ZIP BRADENTON FL 34202

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

William Bowman Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/2000

Date

Daytime Phone #

CR2E034 (9/99)