

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90320 040 \*\*\*150.00

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**DOCUMENT # 412492**

1. Entity Name  
**BONA FIRMA CORPORATION**



Principal Place of Business  
**2250 US 90 WEST  
P.O. BOX 513  
LAKE CITY FL 32056-7513**

Mailing Address  
**2250 US 90 WEST  
P.O. BOX 513  
LAKE CITY FL 32056-7513**

2. Principal Place of Business  
**1286 W. U.S. Hwy 90**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 513**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**Lake City, FL 32055**  
Zip Country  
**32055 U.S.**

City & State  
**Lake City, FL**  
Zip Country  
**32056 U.S.**

4. FEI Number **59-1428990**  
Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DICKS, LENVIL H.**  
**2250 US 90 WEST**  
**LAKE CITY FL 32055**

change to above address

**7. Name and Address of New Registered Agent**

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. 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 NAME STREET ADDRESS CITY-ST-ZIP	PD DICKS, LENVIL H. 2250 U.S. 90 WEST LAKE CITY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DICKS, BRADLEY N 2250 U.S. 90 WEST LAKE CITY FL 32055	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DICKS, ANDREW J 2250 US 90 WEST LAKE CITY FL 32055	<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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1286 W U.S. Hwy 90 Lake City, FL 32055	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1286 W. U.S. Hwy 90 Lake City, FL 32055	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1286 W. U.S. Hwy 90 Lake City, FL 32055	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Lenvil H. Dicks*  
**LENVIL H. DICKS** 4/29/03 (386) 757-8585

CR2E034 (10/02)