FILED Mar 03, 2003 8:00 am

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Name BOLENDER ENTERPRISES, INC. O3-03-2003 90499 023 ***150.00 Different Pipes of Business 501 NE 42ND STREET FI. LAUDERDALE FI. 33334-3140 FI. LE NOWIL FIELD FI	U	AILOKW BO	SINESS REPO	ORT (I	UBR)		ai 05, 20			
## ADDIECTORS IN ME 49AD STREET FI. LAUDEROALE FI. 33394-3140 2. Principal Place of Business Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State A. FEI Number 59-1498407 Nat Applicable Fig. 1. Applicable Fig. 2. Applicable Fig. 2. Applicable Fig. 2. Applicable Fig. 2. Applicable Fig. 3. Certificate of States of New Registered Agent Fig. 2. Applicable Fig. 3. Additional Fig. 8. Certificate of States of New Registered Agent Fig. 3. Additional Fig. 8. Applicable Fig. 3. Additional Fig. 8. Applicable Fig. 3. Additional Fig. 8. Applicable Fig. 3. Additional Fig. 8. Additional Fig. 9. Additional	1. Entity Name					Secretary of State 03-03-2003 90499 023 ***150.00				
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Zip Country Zip Country 5. Cartificate of Status Desired Sp. 5. Sartificate of Status Desired Sp. 7.5 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Pee Required 80 LENDER, (CHARLES L.) 80 LENDER, (CHARLES L.) 80 Treet Address (P.O. Box Number is Not Acceptable) 80 Treet Address (P.O. Box Number is Not Acceptable) 80 The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 8 Tho 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both,	Suite, Ap	t. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
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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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE BEQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Date

Daytime Phone #

Change

---- CR2E034·(10/02)-

Addition