

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90084 012 ***150.00

DOCUMENT # 583688

1. Entity Name

BOS GROUP INCORPORATED

Principal Place of Business

385 HWY 98 E. STE 60
DESTIN FL 32541

Mailing Address

385 HWY 98 E. STE 60
DESTIN FL 32541

2. Principal Place of Business

4460 Legendary Dr.

3. Mailing Address

4460 Legendary Dr.

Suite, Apt. #, etc.

Ste. 400

Suite, Apt. #, etc.

Ste. 400

City & State

Destin, FL

City & State

Destin, FL

Zip

32541

Country

USA

Zip

32541

Country

USA

4. FEI Number

59-1845671

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

MITCHELL W LEGLER
300A WARFSIDE WAY
JACKSONVILLE FL 32207

Name

Street Address (P.O. Box Number is Not Acceptable)
300A WHARFSIDE WAY

City

Jacksonville

FL

Zip Code

32207

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, 2001 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 DPC ☐ Delete
NAME BOS, PETER H
STREET ADDRESS 385 HWY 98 E, STE 60
CITY-ST-ZIP DESTIN FL

TITLE DPC ☒ Change ☐ Addition
NAME BOS, PETER H
STREET ADDRESS 4460 LEGENDARY DRIVE, SUITE 400
CITY-ST-ZIP DESTIN, FL 32541

TITLE VS ☒ Delete
NAME LEGLOER, MITCHELL W
STREET ADDRESS 385 HWY 98E STE 60
CITY-ST-ZIP DESTIN FL 32541

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

TITLE S ☐ Delete
NAME PARKER, WENDY L
STREET ADDRESS 385 HWY 98 E, STE. 60
CITY-ST-ZIP DESTIN FL

TITLE S ☒ Change ☐ Addition
NAME PARKER, WENDY L
STREET ADDRESS 4460 LEGENDARY DRIVE, SUITE 400
CITY-ST-ZIP DESTIN, FL 32541

TITLE VT ☐ Delete
NAME BUSFIELD, DAVID
STREET ADDRESS 385 HWY 98 E, STE 60
CITY-ST-ZIP DESTIN FL 3251

TITLE VT ☒ Change ☐ Addition
NAME BUSFIELD, DAVID
STREET ADDRESS 4460 LEGENDARY DRIVE, SUITE 400
CITY-ST-ZIP DESTIN, FL 32541

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter H. Bos

4/25/01

Date

850-337-8000

Daytime Phone #

CR2E034 (10/00)