

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F40965

1. Entity Name

BOLES REALTY, INC.

FILED

Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90022 015 ***150.00

Principal Place of Business 1900 N ATLANTIC (AIA) SUITE #414 COCOA BEACH FL 32931 US	Mailing Address 8700 RIDGEWOOD AVE B-210 CAPE CANAVERAL FL 32931-3272 US
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2. Principal Place of Business 732 W. Montrose St.	3. Mailing Address 732 W. Montrose St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Clermont, FL	City & State Clermont, FL
Zip 34711	Country Lake
Zip 34711	Country Lake



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BOLES, GERALDINE F 8700 RIDGEWOOD AVE STE B-210 CAPE CANAVERAL FL 32920	7. Name and Address of New Registered Agent Name Geraldine F. Boles Street Address (P.O. Box Number is Not Acceptable) 732 W. Montrose St. City Clermont FL Zip Code 34711
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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 Geraldine F. Boles

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 NAME STREET ADDRESS CITY-ST-ZIP	DSTP BOLES, GERALDINE F 8700 RIDGEWOOD AVE B-210 CAPE CANAVERAL FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, KATHERINE ANNE 1128 SHORECREST CIRCLE CLERMONT FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOLES, CHARLES R. 8700 RIDGEWOOD AVE, STE B-210 CAPE CANAVERAL FL <input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Geraldine F. Boles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00 352-394-5585
Date Daytime Phone #

Geraldine F. Boles