

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F62870

1. Entity Name
BAMBOO MOBILE VILLAGE, INC.Principal Place of Business
27131 OLD 41 RD
BONITA SPRINGS FL 34135
US
Mailing Address
64 EBLING AVE
TONAWANDA NY 14150-70082. Principal Place of Business
3. Mailing AddressSuite, Apt. #, etc.
Suite, Apt. #, etc.City & State
ZipCity & State
CountryFILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90066 025 ***150.00

0618612 AT



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2164103 Applied For
 Not Applicable5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HELMAN, GLORIA
27131 OLD 41 RD
BONITA SPRINGS FL 34135

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
HUGAR, DEBORAH
64 EBLING AVE
TONAWANDA NY Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HELMAN, GLORIA
64 EBLING AVE
TONAWANDA NY DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change AdditionTITLE
NAME
STREET ADDRESS
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 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change 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: *Gloria Helman* 4-2-02 941-992-2822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)