

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90221 004 \*\*\*150.00

**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 14150-7008  
US

34062037



MOORE CR2E034 (11/03)

2. Principal Place of Business

154 BLUE BEARD DR.

3. Mailing Address

Suite, Apt. #, etc.

City & State

NORTH FORT MYERS FL

City & State

Zip

Country

33917

US

Zip

Country

4. FEI Number

59-2164103

Applied For

Not Applicable

5. 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

7. Name and Address of New Registered Agent

Name

HELMAN GLORIA

Street Address (P.O. Box Number is Not Acceptable)

154 BLUE BEARD DR.

City

NORTH FORT MYERS FL

Zip Code

33917

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, 2004 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 DST ☐ Delete  
NAME HUGAR, DEBORAH  
STREET ADDRESS 64 EBLING AVE  
CITY-ST-ZIP TONAWANDA NY

TITLE PD ☐ Delete  
NAME HELMAN, GLORIA  
STREET ADDRESS 64 EBLING AVE  
CITY-ST-ZIP TONAWANDA NY

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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.

SIGNATURE: GLORIA HELMAN Gloria Helman

4-18-04

716-446-9105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #