FILED

Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90339 037 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

J75922 **DOCUMENT #**

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

BOMAR ENTERPRISES OF BRADENTON, INC.

Principal Place of Business ** JAMES O. FERGUSON, JR. 4645 LA JOLLA DRIVE BRADENTON FL 34210			Mailing Address % JAMES O. FERGUSON, JR. 4645 LA JOLLA DRIVE BRADENTON FL 34210						
2. Principal Place of Business			3. Mailing Address				1	A AMARIKA BERFERBUR DIRIN KUNTU KININ KININ KININ DINIK DINIK DINIK DINIK DINIK DINIK DINIK TUNK TUNK.	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				1	☐ CHECK HERE IF MAKING CHANGES	
City & State			City & State				4.	FEI Number 59-2809358 Applied For Not Applicable	
Zip	Country		Zip	Zip Coun		try		Certificate of Status Desired S8.75 Additional	
	6. Name	and Address of Current F	Registere	ed Agent	2150			Name and Address of New Registered Agent	
<u></u>						Name			
FERGUSON, JAMES O., JR.									
1890 MAIN STREET					Street Address (P.O. Box Number is Not Acceptable)				
SUITE SIE						- \ \ \			
SARASOTA FL				_		Suite 1000			
SARASUTA FL					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. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE Signature, typed or printing 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, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS					11.		۸۲	9. Election Campaign Financing Trust Fund Contribution. DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
10.	DP	OFFICERS AND L	JIRECTO		TITU		AL	Change Addition	
TITLE NAME	HALEY, ROBERT E.			☐ Delete	NAM			Change Addition	
STREET ADDRESS					STREET			!	
CITY-ST-ZIP						-ST-ZIP			
TITLE	DTS			Delete	TITL	+		☐ Change ☐ Addition	
NAME HALEY, MARTHA J.			NAMI		1				
STREET ADDRESS						ET ADDRESS			
CITY-ST-ZIP	BRADENT		*.**		CITY	-ST-ZIP			
TITLE	DVP	*		☐ Delete	TITLE	E		. Change Addition	
NAME	HALEY, CI	HRISTOPHER J.			NAM	E			
STREET ADDRESS				STREET		ET ADDRESS			
CITY-ST-ZIP		ON FL 34207			CITY	-ST-ZIP			
TITLE				☐ Delete	TITLE	<u> </u>		☐ Change ☐ Addition	
NAME					NAM	E		i	
STREET ADDRESS						ET ADDRESS			
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CITY-ST-ZIP	1				CITY	-ST-7IP			

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.

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

SIGNATURE:

Delete

☐ Change

☐ Addition