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FILED
Aug 04, 2002 8:00 am
Secretary of State
07-01-2002 90351 049 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K12919

1. Entity Name
BOHAYCHYK & SON'S INC.

DO NOT WRITE IN THIS SPACE

40482

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5939 18TH AVE. N.W	5939 18TH AVE N.W
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES FL	City & State: NAPLES FL
Zip: 34119 Country: COLLIER	Zip: 34119 Country: COLLIER

4. FEI Number 65-0028168 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: PAUL A. MURRAY
Street Address (P.O. Box Number is Not Acceptable): 227 SILVERADO DR.
City: NAPLES FL Zip Code: 34119

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 _____ DATE 7/12/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRESIDENT
NAME	CHARLES BOHAYCHYK III
STREET ADDRESS	5939 18TH AVE N.W
CITY-ST-ZIP	NAPLES FL 34119
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Charles Bohaychyk III CHARLES BOHAYCHYK III 5-31-02 239-598-1638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
K12919

FROM [redacted] 40482

CHARLES BOHAYCHYK
5939 18TH AVE N.W
NAPLES FL 34119

TO WHOM THIS MAY CONCERN

I TALKED TO BARBARA MITCHELL AND SHE SAID THAT MY ORIGANL FORM (UBR) GOT LOST FROM MY CHECK # 5252 SENT IN JAN. OF 2002 I GOT MISPLACED, SO HERE IS ANOTHER (UBR) + THAT BARBARA SAID THERE WOULD NOT BE A LATE CHARGE FEE.

THANK YOU

Charles Bohaychyk