

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90049 012 ***150.00

DOCUMENT # K69541

1. Entity Name

BOLDING HOMES, INC.

Principal Place of Business

13812 CYPRESS VILLAGE CIR
TAMOPA FL 33624 3203 Bayshore
 US Blvd #902
 Tampa, FL 33629

Mailing Address

13812 CYPRESS VILLAGE CIR
TAMPA FL 33624 3203 Bayshore Blvd #902
 US TAMPA FL 33629



2. Principal Place of Business

3203 Bayshore Blvd
 Suite, Apt. #, etc.
 Ste 902

3. Mailing Address

Same
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tampa FLA

City & State

Zip Country

4. FEI Number

59-2935744

Applied For

Not Applicable

Zip

33629

Country

FL

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

YADO, JES J., III
4830 W. KENNEDY BLVD.
SUITE 750
TAMPA FL 33609

7. Name and Address of New Registered Agent

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 State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
 NAME **BOLDING, EDWARD L SR.** **Edward L Bolding Jr**
 STREET ADDRESS **13812 CYPRESS VILLAGE CIR** **3203 Bayshore Blvd. Ste. 902**
 CITY-ST-ZIP **TAMPA FL** **Tampa, FL 33629**

TITLE **ST** ☐ Delete
 NAME **BOLDING, RAMONA L**
 STREET ADDRESS **13812 CYPRESS VILLAGE CIR**
 CITY-ST-ZIP **TAMPA FL**

TITLE **VP** ☐ Delete
 NAME **BOLDING, EDWARD L JR.**
 STREET ADDRESS **13803 LAKE VILLAGE PLACE** **7223 COLONIAL LAKE DR**
 CITY-ST-ZIP **TAMPA FL** **LAKE DR RIVERVIEW FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 NAME **Ramona G. Bolding**
 STREET ADDRESS **3203 Bayshore Blvd. Ste. 902**
 CITY-ST-ZIP **Tampa, FL 33629**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **7223 COLONIAL LAKE DR**
 CITY-ST-ZIP **RIVERVIEW FL**

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

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: Edward L Bolding Jr
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)