

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90164 011 ***150.00

DOCUMENT # K89107

1. Entity Name
RANDI GLICK BOVEN, P.A.



Principal Place of Business
**1115 EAST BROWARD BLVD
FT LAUDERDALE FL 33301
US**

Mailing Address
**1115 EAST BROWARD BLVD
FT LAUDERDALE FL 33301
US**



2. Principal Place of Business

3. Mailing Address

1313 S. Military Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

158

City & State

Deerfield Beach FL

Zip

Country

33442

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0116143**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOVEN, RANDI G

**1115 EAST BROWARD BLVD - 1313 S. Military trail
FT LAUDERDALE FL 33301 #158
Deerfield Beach FL 33442**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Randi Glick Boven*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/31/03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPV** ☐ Delete
NAME **BOVEN, RANDI GLICK**
STREET ADDRESS **1115 EAST BROWARD BLVD**
CITY-ST-ZIP **FT.LAUDERDALE FL**

TITLE ☒ Change ☐ Addition
NAME **1313 S. Military trail**
STREET ADDRESS **#158 Deerfield Beach FL 33442**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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: *Randi Glick Boven*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03 954-764-3783
Date Daytime Phone #

CR2E034 (10/02)