

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90478 027 ***150.00

DOCUMENT # L81218

1. Entity Name

BOATES ENTERPRISES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 126
 GRANT FL 32949-7126

P.O. BOX 126
 GRANT FL 32949-0126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3019578**

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

BOATES, PATRICIA
1824 CANOVA ST SE
PALM BAY FL 32909

Name
Boates, Patricia
 Street Address (P.O. Box Number is Not Acceptable)
4040 Old Dixie Hwy, Unit #4
(P.O. Box 126, Grant, Fl. 32949)
 City **Valkaria** **FL** **32949**

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 *Patricia W. Boates* *PATRICIA W. BOATES*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
VPT	BOATES, JAMES R., JR.	755 APOLLO CIRCLE NE	PALM BAY FL				
PS	BOATES, PATRICIA W.	755 APOLLO CIR NE	PALM BAY FL				
VPO	BOATES, SEAN C.	755 APOLLO CIR NE	PALM BAY FL				

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: *Patricia W. Boates* *PATRICIA W. BOATES*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/2000 *(321) 725-0394*
 Date Daytime Phone #

CR2E034 (9/99)