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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # M83443**  
1. Entity Name  
**C. & G. BOECKER, INCORPORATED**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>15138 CENTRALIA ROAD</b>		3. Mailing Address <b>P.O. BOX 10552</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>BROOKSVILLE, FL.</b>		City & State <b>BROOKSVILLE, FL.</b>	
Zip <b>34614</b>	Country	Zip <b>34603</b>	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2893988</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <b>GISELA BOECKER</b>
Street Address (P.O. Box Number is Not Acceptable) <b>15138 CENTRALIA ROAD</b>
City <b>BROOKSVILLE, FL.</b> FL Zip Code <b>34614</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P- CHRIS BOECKER 15136 CENTRALIA ROAD BROOKSVILLE, FL. 3460</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>500008565215 10/24/02--01033--030 **150.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP-GISELA BOECKER 15136 CENTRALIA ROAD BROOKSVILLE, FL. 34603</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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: Gisela Boecker Gisela Boecker 10/16/02 352-799-6864  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

9/10/22/02