

Pg 1 of 2

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

FILED

02 OCT 21 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M83443

1. Entity Name

C. & G. BOECKER, INCORPORATED

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
15138 CENTRALIA ROAD

Suite, Apt. #, etc.

3. Mailing Address  
P.O. BOX 10552

City & State  
BROOKSVILLE, FL.

City & State  
BROOKSVILLE, FL.

Zip  
34614

Country

Zip  
34603

Country

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name GISELA BOECKER

Street Address (P.O. Box Number is Not Acceptable)

15138 CENTRALIA ROAD

City BROOKSVILLE, FL.

FL Zip Code  
34614

**DO NOT WRITE  
IN THIS SPACE**

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)

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 NAME STREET ADDRESS CITY-ST-ZIP	P- CHRIS BOECKER 15136 CENTRALIA ROAD BROOKSVILLE, FL. 3460	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500009565215 10/24/02-01033-030 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-GISELA BOECKER 15136 CENTRALIA ROAD BROOKSVILLE, FL. 34603	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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* 10/16/02 352-798-6864  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)