

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90009 045 \*\*\*150.00

**DOCUMENT # M93135**

1. Entity Name

**BOMAN-POWERS & ASSOCIATES INC. INTERIOR DESIGN**

**00000056**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 13266 BYRD DRIVE SUITE 100 ODESSA FL 33556		Mailing Address P. O. BOX 974 ODESSA FL 33556-0974 US		4. FEI Number <b>59-2900951</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent <b>BOMAN-POWERS, JOAN</b> 13266 BYRD DRIVE SUITE 100 ODESSA FL 33556				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BOMAN-POWERS, JOAN</b> <b>18610 WAYNE ROAD</b> <b>ODESSA FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>POWERS, ROBERT E</b> <b>18610 WAYNE RD</b> <b>ODESSA FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Robert E. Powers* **REQUIRED** 1-7-2000 817 720 4504  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #