

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000004932

1. Entity Name

BOCU, INC.

FILED

Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90072 036 ****61.25

Principal Place of Business

Mailing Address

2840 WEST BAY DR. #233
LARGO FL 33770

2840 WEST BAY DR. #233
LARGO FL 33770

2. Principal Place of Business

3. Mailing Address

11125 Park Boulevard

11125 Park Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 104

Unit 104

City & State

City & State

Seminole, Florida

Seminole, Florida

Zip

Zip

33772

Country

Pinellas

33772

Country

Pinellas

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NIKOLOVA, IANA
2840 WEST BAY DR, #233
LARGO FL 33770

Name

Silviya S. Raytcheva

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

11125 Park Boulevard, Unit 104

Seminole, FL 33772

City

FL

Zip Code

33772

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME PRIMAVERA, PAMELA
STREET ADDRESS 1679 SPOTSWOOD CIR
CITY-ST-ZIP PALM HARBOR FL 34683

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

TITLE D ☐ Delete
NAME WHITACRE, JACK
STREET ADDRESS 900 GULF BLVD, #1105
CITY-ST-ZIP INDIAN ROCKS BEACH FL

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

TITLE D ☐ Delete
NAME NIKOLOVA, IANA
STREET ADDRESS 2840 WEST BAY DR, #233
CITY-ST-ZIP LARGO FL 33770

TITLE P, D ☒ Change ☐ Addition
NAME Silviya S. Raytcheva
STREET ADDRESS 11125 Park Boulevard, Unit 104
CITY-ST-ZIP Seminole, FL 33772

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 617, 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:

Silviya S. Raytcheva

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.05.2002 (727)595-2686

Date

Daytime Phone #

CR2E037 (9/01)