2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000005239

Entity Name: BOLEY PROPERTIES, INC.

Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 445 31ST STREET N. ST. PETERSBURG, FL 33713 **Current Mailing Address: New Mailing Address:** 445 31ST STREET N. ST. PETERSBURG, FL 33713 FEI Number: 59-3731437 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MACMATH, GARY BOLEY CENTERS FOR BEHAVIORAL HEALTH CARE 445 31ST. STREET N. ST. PETERSBURG, FL 33713 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HALL, CELIA Name: Name: 150-2ND AVE. N., #720 Address: Address: City-St-Zip: ST. PETERSBURG, FL 33701 City-St-Zip: Title: Title: () Delete () Change () Addition MITTERMAYR, MARKUS Name: Name: Address: 4400 CENTRAL AVE. Address: City-St-Zip: ST. PETERSBURG, FL 33711 City-St-Zip: Title: () Delete Title: () Change () Addition WILLIAMS, LEROY Name: Name: Address: 4895-34TH ST. N Address: City-St-Zip: ST. PETERSBURG, FL 33714 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BOWMAN, WARREN Name: Address: 5855 CENTRAL AVE. Address: City-St-Zip: ST. PETERSBURG, FL 33707 City-St-Zip: Title: () Delete Title: () Change () Addition RODRIGUEZ, ANTHONY Name: Name: 4037-76TH AVE. N. Address: Address: City-St-Zip: PINELLAS PARK, FL 33781 City-St-Zip: Title: () Delete Title: () Change () Addition RILEY, SHANNON Name: Name: Address: 7101-53RD ST. N. Address: PINELLAS PARK, FL 33781 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CELIA HALL D 04/30/2002