

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90111 014 \*\*\*\*70.00

0043357

**DOCUMENT # N94000002030**

1. Entity Name

**BONK, INC.**



Principal Place of Business

**407 W FRANCES AVE  
TAMPA FL 33602-1928**

Mailing Address

**407 W FRANCES AVE  
TAMPA FL 33602-1928**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3270062**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROGERS, DAVID W  
407 W FRANCES AVE  
TAMPA FL 33602-1928**

Name

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

City

**FL**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | VD                  | <input type="checkbox"/> Delete            |
| NAME           | CONSTABLE, ROBERT   |  |
| STREET ADDRESS | 3712 N 12TH ST      |  |
| CITY-ST-ZIP    | TAMPA FL 33603      |  |
| TITLE          | SD                  | <input type="checkbox"/> Delete            |
| NAME           | MERENDA, COREY      |  |
| STREET ADDRESS | 3117 W BARCELONA ST |  |
| CITY-ST-ZIP    | TAMPA FL 33629      |  |
| TITLE          | TD                  | <input checked="" type="checkbox"/> Delete |
| NAME           | BRILLHART, TED      |  |
| STREET ADDRESS | 4005 OBISPO ST. W.  |  |
| CITY-ST-ZIP    | TAMPA FL 33629      |  |
| TITLE          | PD                  | <input type="checkbox"/> Delete            |
| NAME           | ROGERS, DAVID       |  |
| STREET ADDRESS | 407 W FRANCES AVE   |  |
| CITY-ST-ZIP    | TAMPA FL 33602      |  |
| TITLE          | D                   | <input checked="" type="checkbox"/> Delete |
| NAME           | ADAIR, ANN          |  |
| STREET ADDRESS | 6512 APPALOOSA DR   |  |
| CITY-ST-ZIP    | TAMPA FL 33625      |  |
| TITLE          | D                   | <input type="checkbox"/> Delete            |
| NAME           | CLEAR, MARTIN T     |  |
| STREET ADDRESS | 10606 N 27TH ST     |  |
| CITY-ST-ZIP    | TAMPA FL 33612      |  |

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          |                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |  |
| STREET ADDRESS | 2926 SANCHEZ ST           |  |
| CITY-ST-ZIP    | TAMPA FL 33605            |  |
| TITLE          | SD/TD                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |  |
| STREET ADDRESS | 3819 W SAN PEDRO ST       |  |
| CITY-ST-ZIP    | TAMPA FL 33629            |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          | D                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | SIMONE BENNETT            |  |
| STREET ADDRESS | 470 THIRD ST S, SUITE 318 |  |
| CITY-ST-ZIP    | ST PETERSBURG FL 33731    |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*DAVID W ROGERS*

4-25-03

813-225-2544

CR2E037 (10/02)