

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

FILED
Aug 07, 2003 8:00 am
Secretary of State

08-07-2003 90118 046 ***150.00

DOCUMENT # P00000003477

1. Entity Name

B.O.A. SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

852 ROYALTON ROAD

Suite, Apt. #, etc.

3. Mailing Address

852 ROYALTON ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FE# Number

59-361218

Applied For

Not Applicable

Zip

32835

Country

Zip

32835

Country

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

LYSANDER THORPE

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

6327 PINEY GLEN LANE

City

ORLANDO

FL

Zip Code

32819

**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]

7/31/03

Signature, typed or printed name of registered agent and date if applicable.

(Leave this space blank if no signature is required when releasing)

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-STATE-ZIP

PRES
BRYAN ALEXANDER
852 ROYALTON ROAD
ORLANDO, FL 32835

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

SEC.
TIVA ALEXANDER
852 ROYALTON ROAD
ORLANDO, FL 32835

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 or without other like empowerment.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/03

DATE

407-306-0569

DEPARTMENT PHONE #

CR2E034B (12/01)

attachment

80136702
P0000003477

July, 31, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

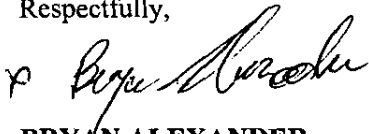
Dear Sirs:

Re: (B.O.A SERVICES, INC.
Document No. P00000003477

We enclose herewith the Uniform Business Report for the year 2003 along with the fee of One Hundred and Fifty Dollars (\$150.00). Our mail was rerouted incorrectly, and we never received our Uniform Business Report. Our Accountant recently made us aware that we had not submitted our Uniform Business Report for the year 2003, which we enclose.

We realize that this report is late in coming and request an abatement of any associated penalties. Again, we apologize for the delay and assure you that this will not happen again.

Respectfully,



BRYAN ALEXANDER
President