

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90054 015 \*\*\*150.00

**DOCUMENT # P00000012898**

1. Entity Name  
**BOGGIE WOOGIE, INC.**



Principal Place of Business  
**1215 WINDWORD DR.  
OSPREY FL 34229**

Mailing Address  
**1215 WINDWORD DR.  
OSPREY FL 34229**

2. Principal Place of Business  
**1215 Windward Dr**  
Suite, Apt. #, etc.

3. Mailing Address  
**1215 Windward Dr**  
Suite, Apt. #, etc.

City & State  
**Osprey FL**  
Zip  
**34229** Country  
**Sarasota**

City & State  
**Osprey FL**  
Zip  
**34229** Country  
**Sarasota**

4. FEI Number  
**59-3626277**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**VOIGHT & VOIGHT, P.A.  
2042 BEE RIDGE RD  
SARASOTA FL 34239**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **FLESS, DONALD E**  
STREET ADDRESS **1215 WINDWARD DR**  
CITY-ST-ZIP **OSPREY FL 34229**

TITLE **S** ☐ Delete  
NAME **FLESS, TONI A**  
STREET ADDRESS **1215 WINDWARD DR**  
CITY-ST-ZIP **OSPREY FL 34229**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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 607, 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: **Donald E. Fless** **1/07/03** **941-966-8284**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)