

2001 UNIFORM BUSINESS REPORT (UBR)

4/4

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-04-2001 90010 043 ***150.00

DOCUMENT # P00000032905

1. Entity Name
BOSSOME, INC.

Principal Place of Business
**3972 NW 6TH ST.
DEERFIELD BEACH FL 33442**

Mailing Address
**3972 NW 6TH ST.
DEERFIELD BEACH FL 33442**

2. Principal Place of Business
3363 W. HILLSBORO BLVD.

3. Mailing Address
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
DEERFIELD BEACH, FL

City & State
FL

4. FEI Number
105-0997893

Applied For
Not Applicable

Zip
33442

Country
USA

Zip

Country

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

**VALINSKI, SANDRA J.
3972 NW 6TH ST.
DEERFIELD BEACH FL 33442**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 **PRESIDENT** ☐ Delete
NAME **SANDRA VALINSKI**
STREET ADDRESS **3972 NW 6 ST**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE **VICE PRESIDENT** ☐ Delete
NAME **THOMAS SMITH**
STREET ADDRESS **3972 NW 6 ST**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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
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CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sandra J. Valinski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/01

Date

954-419-9513

Daytime Phone #

CR2034 (10/00)