

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90055 005 \*\*\*150.00

**DOCUMENT # P00000038153**

1. Entity Name  
**BOGEY ENGINEERING, INC.**



Principal Place of Business  
**5961 SW 18TH STREET  
PLANTATION FL 33317**

Mailing Address  
**5961 SW 18TH STREET  
PLANTATION FL 33317**

2. Principal Place of Business  
**101 S.W. 96<sup>th</sup> TERR**  
Suite, Apt. #, etc.  
**#204**

3. Mailing Address  
**101 S.W. 96<sup>th</sup> TERR**  
Suite, Apt. #, etc.  
**#204**

City & State  
**PLANTATION FL**

City & State  
**PLANTATION FL**

Zip Country  
**FL USA**

Zip Country  
**FL USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0998975**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**THEISMANN, JOHN  
101 SW 96TH TERRACE  
# 204  
PLANTATION FL 33324**

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

(NOTE: Registered Agent signature required when reinstating)

**1/8/03**  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SKROCH, JOHN 5961 SW 18TH STREET PLANTATION FL 33317</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D THEISMANN, JOHN G 101 SW 96TH TERRACE #204 PLANTATION FL 33334</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (10/02)

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/03**

Date

**954-648-9158**

Daytime Phone #