

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

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90241 020 ***158.75

DOCUMENT # P000000.49606

1. Entity Name

Bolles-House, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1921 Long Boat DR.
Suite, Apt. #, etc.

3. Mailing Address

1921 Long Boat DR.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lakeland, Fla

City & State

Lakeland, Fla.

4. FEI Number

59-3667662

Applied For

Not Applicable

Zip

33810

Country

POK

Zip

33810

Country

POK

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**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, typed or printed name of registered agent and fee 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) ☐

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-ST-ZIP
Bolles, Joyce C.
1921 Long Boat DR.
Lakeland, Fla 33810

TITLE
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CITY-ST-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)(f), 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 officers, with all other like empowered.

SIGNATURE: Joyce C. Bolles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/02

DATE

Daytime Phone #

CR2E034B (12/01)