FILED Apr 23, 2003 8:00 am Secretary of State 04-23-2003 90304 021 ***150.00

Ú	2003 FOR PROFIT NIFORM BUSINES	CORPORAT SS REPORT	TON/ (UBR)				
	IMENT # P000000659				9010	2680	
1. Enlity Name THOMAS D. BOSTRUP, INC.							
I HOIVIAS	D. BOSTROP, INC.	./			• •		
L		_					
Principal Place of Business Mailing Address 1998 HELMLY TERRACE 1998 HELMLY TERRACE							
DELTONA, FL 32725 DELTONA, FL 32725							
1				1,	46611861 III BBIII BBIII AAIII BBIII BBII	han sası salısı darə	
2. Principal Place of Business 2972 Turtle Pove Tr 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.					☐ CHECK HERE IF MA	KING CHANGES	
City & State Crity & State					FEI Number		plied For
Deland, t.L.					59,3660064		t Applicable
<i>3</i> 278	24 Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current R	legistered Agent	Name	7.	Name and Address of New Registe	red Agent	
BOSTRUP, THOMAS D 450 W HOLLY DRIVE ORANGE CITY, FL 32763							
				Street Address (P.O. Box Number is Not Acceptable)			
			୍ବ ବ	2972 Turtle Dove Trail			
				Seland FL 35724			
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 Viltormas Bostry 4/21/03							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) CATE							
Afte	FILE NOW!!!" FEE IS \$150.00				9. Election Campaign Financing Trust Fund Contribution.		O May Be
Make Check	k Payable to Florida Department of	199 No.			<u></u>	Added	·
TITLE	OFFICERS AND D	Delete	11. 1/1LE	AC	ODITIONS/CHANGES TO OFFICERS		
NAME 7L	BOSTRUP, THOMAS D		NAME	l		les " .	(10/0
STREET ADDRESS City-St-ZP	450 W HOLLY DRIVE ORANGE CITY, FL 32763		STREET ADDRESS Criv-St-Zip	2972	Turtle Dove Traid, FL 30724	ı l	034
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NAME STREET ADDRESS	DIAMOND, BARBARA 450 W. HOLLY DRIVE		NAME STREET ADDRESS	2975	Turtle Dave Trai	. 1	
CITY-ST-ZIP	ORANGE CITY, FL 32763		CITY-ST-ZIP	Dela	nd, FL 32724	^ · ·	
TITLE NAME		☐ Delete	TITLE .		•	☐ Change	Addition
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CITY-ST-ZP	<u> </u>		CRY-ST-ZIP				
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NAME		_ 50,000	NAME				
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TITLE		☐ Delete	TOLE		· —	☐ Change	Addition
NAME STREET ADDRESS			NAME 229RDDRT33RTS				
CITY-ST-2P			CITY-ST-ZIP				
12. Thereby 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: Y TROMAN BOOK ON PRINTED AND CODES OF THE COOK OF THE C							