

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

90102680

DOCUMENT # P0000065914 1. Entity Name THOMAS D. BOSTRUP, INC.		
Principal Place of Business 1998 HELMLY TERRACE DELTONA, FL 32725		Mailing Address 1998 HELMLY TERRACE DELTONA, FL 32725
2. Principal Place of Business 2972 Turtle Dove Tr	3. Mailing Address Suite, Apt. #, etc.	
City & State Deland, FL	City & State	
Zip 32724	Country	Zip Country
4. FEI Number 59-3660064		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BOSTRUP, THOMAS D. 450 W HOLLY DRIVE ORANGE CITY, FL 32763		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2972 Turtle Dove Trail City Deland FL Zip Code 32724
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: <i>Thomas Bostrup</i> DATE: 4/21/03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when initiating)</small>		
FILE NOW WITH 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. <input type="checkbox"/> \$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	DVP BOSTRUP, THOMAS D 450 W HOLLY DRIVE ORANGE CITY, FL 32763	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: <i>Thomas Bostrup</i> DATE: 4/21/03 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Day/Time Phone #

CR2E034 (1/02)