

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91595 017 ***150.00

DOCUMENT # P00000093697

1. Entity Name

BOCA AUTOMATION, INC.

Principal Place of Business

7610 SILVERWOODS COURT
 BOCA RATON, FL 33433

Mailing Address

7610 SILVERWOODS COURT
 BOCA RATON, FL 33433

2. Principal Place of Business

7610 SILVERWOODS COURT
 Suite, Apt. #, etc.

3. Mailing Address

c/o STAHL & ASSOCIATES
 Suite, Apt. #, etc.
 138 NORTH SWINTON AVE

City & State

BOCA RATON, FL 33433

City & State

DELRAY BEACH, FL

4. FEI Number

65-1048968

Applied For

Not Applicable

Zip

33433

Country

USA

Zip

33444

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

~~THOMAS GALLO~~
 7610 SILVERWOODS COURT
 BOCA RATON, FL 33433

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.

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

PSTD

THOMAS GALLO ☐ Delete
 7610 SILVERWOODS COURT
 BOCA RATON, FL 33433

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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 CITY-ST-ZIP

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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: 

THOMAS GALLO, PRESIDENT

4/23/01

(610) 745-3473

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)