

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90204 015 ***150.00

DOCUMENT # P00000101321

1. Entity Name

BOSS INTERIOR CONTRACTORS INC.



Principal Place of Business

342 SW 32 AVE

DEERFIELD BEACH FL 33442

Mailing Address

PO BOX 972662

MIAMI FL 33197

2. Principal Place of Business

2100 NE 53 CT

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Light House Pt. FL

City & State

Zip

33064

Country

Broward

Country

4. FEI Number

65-1050768

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

THOMPSON, CHRISTOPHER

342 SW 32 AVE

DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name

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

2100 NE 53 CT

Light House Pt. FL

City

FL

Zip Code

33064

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **P** ☐ Delete
NAME **THOMPSON, CHRISTOPHER D**
STREET ADDRESS **342 SW 32 AVE**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **M** ☐ Delete
NAME **CERANO, JOSE**
STREET ADDRESS **17620 ATLANTIC BLVD., BUILDING 1**
CITY-ST-ZIP **SUNNY ISLAND BEACH FL 33160**

TITLE **D** ☐ Delete
NAME **STOUT, FRANCIS**
STREET ADDRESS **4260 VERMONT AVE**
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

305

219 6975

Daytime Phone #

CR2E034 (10/02)