

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P00000109219

1. Entity Name
BOSSE HOMES, INC.

02 NOV 27 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5803 NORTHWEST 66TH AVENUE
PARKLAND FL 33067

Mailing Address
5803 NORTHWEST 66TH AVENUE
PARKLAND FL 33067



2. Principal Place of Business

4699 N. FEDERAL Hwy

3. Mailing Address

4699 N. FEDERAL Hwy

Suite, Apt. #, etc.

208D

Suite, Apt. #, etc.

208D

City & State

Pompano Beach, FL

City & State

Pompano Beach

Zip

33064

Country

US

Zip

33064

Country

US

REINSTATEMENT

02

FEI Number

65-1057405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOSSIE, CHRISTOPHER T.
5803 NW 66 AVENUE
PARKLAND FL 33067

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

Christopher T. Bosse

11/26/02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
BOSSE, CHRISTOPHER T
5803 NORTHWEST 66TH AVENUE
PARKLAND FL 33067 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400009355324
12/04/02--01082--015 **750.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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 another like empowered.

SIGNATURE:

Christopher T. Bosse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/02 24-612-3798

Date

Daytime Phone #

CR2E034 (9/01)