2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

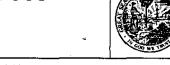
DOCUMENT

P01000007033

1. Entity Name GREG BONFE, INC.

...<u>...</u>

SIGNATURE:



FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90194 028 ***150.00

-2003

| Principal Place of Business 16538 FOREST LAKE DR TAMPA FL 33624 | | Mailing Address 16538 FOREST LAKE DR TAMPA FL 33624 | | | | | |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------|-----------------------|----------------------------|
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | · | CHECK HERE IF MAKING CHANGES | | |
| City & State | | City & State | | 4. | . FEI Number 65-1072557 | | plied For at Applicable |
| Zip | Country | Zip Coun | | 5. | 5. Certificate of Status Desired See Required Fee Required | | |
| | 6. Name and Address of Current | Registered Agent | | 7. | . Name and Address of New Registe | ered Agent | |
| BONFE, GREG 16538 FOREST LAKE DR TAMPA FL 33624 | | | Str | Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code | | | |
| the obligati | named entity submits this statement folions of registered agent. Signature, typed or printed page of registered agent | • | registered off | · | | <u> </u> | |
| After Make Check | ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of OFFICERS AND | | | | 9. Election Campaign Financin Trust Fund Contribution. | ☐ Added | May Be to Fees |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BONFE, GREG 18538 FOREST LAKE DR VAMPA FL 33624 | ☐ Delete | TITLE NAME STREET ADD CITY-ST-ZI | DRESS | ADDITIONS/CHANGES TO OFFICERS | ☐ Change | Addition, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADD | 4 | | ☐ Change | ☐ Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADD CITY-ST-ZIE | ľ | | ☐ Change | ☐ Addition |
| indicated of the core | certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empt or on an attachment with an appress, v | true and accurate and that nowered to execute this report | ny signature s as required b | hall have the same | e legal effect as if made under oath; the | nat I am an officer i | or director |