

2002 UNIFORM BUSINESS REPORT (UBR)

1/1

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-15-2002 90073 005 ***158.75

DOCUMENT # P01000007720

1. Entity Name

BUSINESS OPPORTUNITY ALLIANCE, INC.

Principal Place of Business

13114 HAZEL CREST STREET
SPRING HILL FL 34609

Mailing Address

13114 HAZEL CREST STREET
SPRING HILL FL 34609

2. Principal Place of Business

22299 Cortez Blvd

3. Mailing Address

22299 Cortez Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Brooksville, FL

City & State
Brooksville, FL

4. EEL Number
59-3691187

Applied For
Not Applicable

Zip
34601

Country
USA

Zip
34601

Country
USA

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

ADLER, ANDREW ESQ
3321 HENDERSON BLVD
TAMPA FL 33609

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, 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
D SHAWKEY, GARY
13114 HAZELCREST STREET
SPRING HILL FL 34609

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P SHAWKEY, GARY
13114 HAZELCREST STREET
SPRING HILL, FL 34609

☒ Change ☐ Addition

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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 all other like empowered.

SIGNATURE:

GARY SHAWKEY

1/5/2002

352-544-0151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)