

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000020069

FILED  
Feb 13, 2003  
Secretary of State

Entity Name: BOVE COMPANY

## Current Principal Place of Business:

4300 MARSH LANDING BLVD.  
SUITE 202  
JACKSONVILLE BEACH, FL 32250

## New Principal Place of Business:

## Current Mailing Address:

4300 MARSH LANDING BLVD.  
SUITE 202  
JACKSONVILLE BEACH, FL 32250

## New Mailing Address:

FEI Number: 59-3701637

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

COLD, KATHLEEN H  
ONE INDEPENDENT DR., STE. 2301  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BOVE, GABRIEL M  
Address: 4300 MARSH LANDING BLVD., STE 202  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P ( ) Change (X) Addition  
Name: BOVE, GABRIEL M  
Address: 4300 MARSH LANDING BLVD., STE 202  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: S ( ) Change (X) Addition  
Name: BOVE, GABRIEL M  
Address: 4300 MARSH LANDING BLVD., STE. 202  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: T ( ) Change (X) Addition  
Name: BOVE, GABRIEL M  
Address: 4300 MARSH LANDING BLVD., STE. 202  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABRIEL M BOVE

D

02/13/2003

Electronic Signature of Signing Officer or Director

Date