## 2003 FOR PROFIT CORPORATION

## FILED Apr 23, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P01000024662 **DOCUMENT #** 1. Entity Name 04-23-2003 90111 018 \*\*\*150.00 HUGH GORDON BODLEY, INC. Principal Place of Business Mailing Address 1301 SABAL RIDGE CIRCLE 1301 SABAL RIDGE CIRCLE PALM BEACH BARDENS FL 38418 PALM BEACH GARDENS FL 33418 2. Principal Place of Business Mailing Add Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 59-3713699 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BODLEY, HUGH O 1301 SABAL RIDGE CIRCLE 9000 BULMA KOAD Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS FL 88418 33403 City Zip Code 8. The above named entity submits this state of Florida. I am familiar with, and accept the obligations of registered age; SIGNATURE Stanature, typed or printed ignature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. × 7. Addition Delete TITLE BODLEY, HUGH NAME NAME 9000 BURMA KOAD # 106 19<del>01 SABAL RIDGE CIRCLE #D</del> STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33418 GARDENS FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP

indicated on this report or suppler 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 receive changed, or on an attachment y ered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if all other like empowered.

th this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

SIGNATURE:

12. I hereby certify that the information s

CR2E034 (10/02)