

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000024782

1. Entity Name

BONY'S TAILOR SHOP, INC.

**FILED**  
Jul 02, 2002 8:00 am  
Secretary of State

07-02-2002 90816 034 \*\*\*150.00

0503350 AV

Principal Place of Business Mailing Address  
12425 COLLIER BLVD., #125 12425 COLLIER BLVD., #125  
NAPLES FL 34116 NAPLES FL 34116



2. Principal Place of Business 3. Mailing Address  
13425 Collier Blvd. # 105 Same  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Naples FL Same  
Zip Country Zip Country  
34116 Collier

4. FEI Number Applied For  
59-3709380 Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
TRANCHANT, BONY  
12425 COLLIER BLVD., #125  
NAPLES FL 34116

7. Name and Address of New Registered Agent  
Name Bony TRANCHANT  
Street Address (P.O. Box Number is Not Acceptable)  
12425 Collier Blvd # 105  
City Naples FL 34116 Zip Code 34116

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 Bony Tranchant DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ **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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Bony Tranchant DATE: 6/27/02 Daytime Phone: \_\_\_\_\_  
(Signature and typed or printed name of signing officer or director)

CR2E034 (9/01)