

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90020 042 ***150.00

DOCUMENT # P01000030334

1. Entity Name
PAUL BOSMA, INC.



Principal Place of Business
**266 ELM STREET
HAWTHORNE FL 32640**

Mailing Address
**266 ELM STREET
HAWTHORNE FL 32640**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3705268**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**CRAIG, J NORMAN
1135 N W 22ND AVENUE
SUITE M
GAINESVILLE FL 32609**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

***Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BOSMA, PAUL**
STREET ADDRESS **POST OFFICE BOX 598**
CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BOSMA, GLORIA**
STREET ADDRESS **POST OFFICE BOX 598**
CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-7-03 3:24 PM 6206

CR2E034 (10/02)

Attachment
H# 70056101
701000030334
J. NORMAN CRAIG, P.A.
Certified Financial Planner
Tax Accountant

May 2, 2003

Florida Secretary of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Re: Uniform Business Report
Paul Bosma, Inc

Greetings,

We respectfully request that the attached UBR be accepted as timely filed for reasonable cause as follows:

Mr. Bosma signed and dated the form on 3/7/03, and gave it to someone in my office who filed it with other unfiled tax forms for Paul Bosma, Inc. Those other forms are usually all prepared at the same time. This was a new employee of mine (since terminated) who thought she was doing the right thing.

Yesterday, 5/1/03, I prepared the corporate returns and found this signed UBR. Since I can't reach Mr. Bosma by cell-phone, I'm sending my own check.

Thank you for your consideration. Mr. Bosma is very conscientious and does not need penalizing.

Sincerely,



Cc: Mr. Bosma