04/30/03 WED 11:15 FAX 239 482 1573 Hill,Barth & King

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91415 026 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000046971

1. Entity Name

BONITA ACQUISITIONS, INC.

DO NOT WRITE IN THIS SPACE

11040275

2. Principal Place of Business	3. Mailing Address
3791 BAY CREEK DR.	8211 COLLEGE PKWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BONITA SPRINGS, FL	City & State: FORT MYERS, FL
Zip: 34134 Country: LEE	Zip: 33919 Country: LEE

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3715575 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $6.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: AMATO, LOUIS X.

Street Address (P.O. Box Number is Not Acceptable): 801 LAUREL OAK DR. STE 615

City: NAPLES FL Zip Code: 34108

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 _____ DATE

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	D	TITLE	
NAME	CHARLOTTE G. FISCHER	NAME	
STREET ADDRESS	3791 BAY CREEK DR.	STREET ADDRESS	
CITY - ST - ZIP	BONITA SPRINGS, FL 34134	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	STANLEY FISCHER	NAME	
STREET ADDRESS	3791 BAY CREEK DR.	STREET ADDRESS	
CITY - ST - ZIP	BONITA SPRINGS, FL 34134	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Stanley Fischer 04/30/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL323B1F.1