## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## DOCUMENT #

P01000060131



Mar 19, 2003 8:00 am § Secretary of State 1. Entity Name 03-19-2003 90173 005 \*\*\*150.00 BEVONA, INC. Principal Place of Business Mailing Address 1501 53RD ST. 1501 53RD ST. MANGONIA PARK FL 33407 MANGONIA PARK FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1115403 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ----BONIESKI, VERA E Street Address (P.O. Box Number is Not Acceptable) 1501 53RD ST. MANGONIA PARK FL 33407 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BONIESKI, EDWARD C NAME STREET ADDRESS 1501 53RD ST. STREET ADDRESS CITY-ST-ZIP Mangonia Park FL 33407 CITY-ST-ZIP TITLE VPD ☐ Delete TITLE Change ☐ Addition NAME BONIESKI, VERA-E NAME STREET ADDRESS 1501 53RD ST. STREET ADDRESS CITY-ST-ZIP MANGONIA PARK FL 33407 CITY-ST-ZIP TITLE -TITLE . ---Delete ~~~ Addition NAME BOULESKI, VERA E. BONIESKY: VERA E NAME STREET ADDRESS 1501531 1501 53RD ST. STREET ADDRESS Pack, FZ 33407 CITY-ST-ZIP MANGONIA PARK FL 33407 Mangonia CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

TITEE

NAME

STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

**FILED** 

☐ Addition