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FILED
Jul 23, 2002 8:00 am
Secretary of State
06-04-2002 90221 047 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000067357 ✓

1. Entity Name
Bockle Investment Group, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2396 SE 6 Street
Suite, Apt. #, etc.
City & State: Pompano Beach
Zip: 33062 Country: USA

3. Mailing Address
Same
Suite, Apt. #, etc.
City & State
Zip Country

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1121466 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Rathburn, Patricia A
Street Address (P.O. Box Number is Not Acceptable)
217 NE Second Street
City: Ft. Lauderdale FL Zip Code: 33301

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 _____ 5-31-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mailed in) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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

TITLE	President
NAME	Michael Bockle
STREET ADDRESS	2396 SE 6 Street
CITY-ST-ZIP	Pompano Beach, FL 33062

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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

SIGNATURE: Michael Bockle 5-31-02 954-786-1136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #