FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90965 033 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000071115

1. Entity Name
BOHANNON, INC.

10095768

Principal Place of Business	Mailing Address
8565 N.W. 57TH DRIVE CORAL SPRINGS, FL 33067	8565 N.W. 57TH DRIVE CORAL SPRINGS, FL 33067

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
503 PALM BEACH ST.	503 PALM BEACH ST.
Suite, Apt. #, etc. APT # 114	Suite, Apt. #, etc. APT # 114
City & State TALLAHASSEE FL	City & State TALLAHASSEE FL
Zip 32310 Country USA	Zip 32310 Country USA

4. FEI Number 65-1127721 ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SAMUELS, ERROL
~~8565 N.W. 57TH DRIVE~~
~~CORAL SPRINGS, FL 33067~~
503 PALM BEACH ST.
TALLAHASSEE FL 32310

7. Name and Address of New Registered Agent

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 [signature] ERROL SAMUELS 4/29/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[illegible]

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 NAME STREET ADDRESS CITY-ST-ZIP	D SAMUELS, ERROL 603 PALM BEACH STREET TALLAHASSEE, FL 32310	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMUELS, LORNA 8565 N.W. 57TH DRIVE CORAL SPRINGS, FL 33067	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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

SIGNATURE: [signature] ERROL SAMUELS 4/29/2003 850-504-7721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #