

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000115380**

1. Entity Name

BOOKKEEPING OUR PLACE OR YOURS, INC.

Principal Place of Business

**9680 NW 25TH ST
SUNRISE FL 33322**

Mailing Address

**9680 NW 25TH ST
SUNRISE FL 33322**

2. Principal Place of Business

9680 NW 25th Street

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Sunrise, FL

Zip

33322

Country

Broward

City & State

Zip

Country

4. FEI Number

01-0576698

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CRESCITELLI, MICHAEL A**9680 NW 25TH ST
SUNRISE FL 33322**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)☒**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	V	<input type="checkbox"/> Delete
NAME	CLUSKY, CHARLES	
STREET ADDRESS	9680 NW 25TH ST	
CITY-ST-ZIP	SUNRISE FL 33322	Vice Pres.
TITLE		<input type="checkbox"/> Delete
NAME	Barbara Wilkey	
STREET ADDRESS	9680 NW 25th St	
CITY-ST-ZIP	Sunrise, FL	President
TITLE		<input type="checkbox"/> Delete
NAME	Barbara Thompson	
STREET ADDRESS	9680 NW 25th St.	
CITY-ST-ZIP	Sunrise, FL 33322	Chairman
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: **Barbara Wilkey**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2002

Daytime Phone #

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-28-2002 91764 033 ***158.75

37320

DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)