

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90341 033 ***150.00

000671 AT

DOCUMENT # P01000115592

1. Entity Name
BODEGA, INC.

Principal Place of Business

**156 RACHEL RD 2298 W. Co. Hwy 30A #2
 SANTA ROSA BEACH FL 32459**

Mailing Address

**156 RACHEL RD 2298 W. Co. Hwy 30A #2
 SANTA ROSA BEACH FL 32459**

B0077418



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2298 W. Co. Hwy 30A #2

3. Mailing Address

2298 W. Co. Hwy 30A #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sta. Rosa Beach, FL

City & State

Sta. Rosa Beach, FL

4. FEI Number

593761316

☒ Applied For

☐ Not Applicable

Zip

32459

Country

USA

Zip

32459

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IRELAND, MARTIN
 2298 WEST COUNTY HIGHWAY 30A, UNIT #2
 SANTA ROSA BEACH FL 32459**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	IRELAND, MARTIN	
STREET ADDRESS	156 RACHEL RD	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	D	<input type="checkbox"/> Delete
NAME	IRELAND, TRACIE	
STREET ADDRESS	156 RACHEL RD	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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:

Tracie Ireland
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/02

850-267-3515

CR2E034 (9/01)