

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90126 013 ***150.00

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DOCUMENT # P01000115592

1. Entity Name
BODEGA, INC.



Principal Place of Business
2298 W. COUNTY HWY. 30A
UNIT #2
SANTA ROSA BEACH FL 32459

Mailing Address
2298 W. COUNTY HWY. 30A
UNIT #2
SANTA ROSA BEACH FL 32459



2. Principal Place of Business

3. Mailing Address

2623 BAY GROVE RD.

2623 BAY GROVE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Freeport, FL

City & State

Freeport, FL

4. FEI Number

59-3761316

Applied For

Not Applicable

Zip

32439

Country

Walton

Zip

32439

Country

Walton

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

Ireland, Martin

Street Address (P.O. Box Number is Not Acceptable)

2623 BAY GROVE RD.

City

Freeport

FL

Zip Code

32439

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

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

(NOTE: Registered Agent signature required when reinstating)

MARTIN A. IRELAND

DATE

04-12-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 **D** ☐ Delete
NAME **IRELAND, MARTIN**
STREET ADDRESS **156 RACHEL RD**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE **P, S, D** ☐ Change ☐ Addition
NAME **IRELAND, MARTIN**
STREET ADDRESS **2623 BAY GROVE RD.**
CITY-ST-ZIP **Freeport, FL 32439**

TITLE **D** ☐ Delete
NAME **IRELAND, TRACIE**
STREET ADDRESS **156 RACHEL RD**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE **VP, T, D** ☐ Change ☐ Addition
NAME **IRELAND, TRACIE**
STREET ADDRESS **2623 BAY GROVE RD.**
CITY-ST-ZIP **Freeport, FL 32439**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Tracie Ireland **4/11/03** **850-267-0511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)