

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90451 018 ***150.00

DOCUMENT # P02000020793

1. Entity Name

BONGOS FLA, INC.



Principal Place of Business
2903 PASS-A-GRILLE WAY
ST. PETE BEACH FL 33706

Mailing Address
2903 PASS-A-GRILLE WAY
ST. PETE BEACH FL 33706

2. Principal Place of Business

9915 MANATEE AVE W.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
BRADENTON FL.

City & State
SAME

4. FEI Number

01-0618357

Applied For

Not Applicable

Zip
34209

Country
MANATEE

Zip

SAME

Country

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

BERGER, TODD

810 63RD AVE. NORTH

ST. PETERSBURG FL 33702

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **PRES.** ☐ Delete
NAME **CRAIG MALOGRIDES**
STREET ADDRESS **5211 89TH W.**
CITY-ST-ZIP **BRADENTON FL. 34210**

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

TITLE **VP** ☐ Delete
NAME **STEVE SYLVESTER**
STREET ADDRESS **1014 GOSHEN RD**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

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

TITLE **WB** ☐ Delete
NAME **EDWARD BAGLEY**
STREET ADDRESS **5396 GOLF BLVD 203**
CITY-ST-ZIP **ST PETE BEACH FL 33706**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CRAIG MALOGRIDES

Date

Daytime Phone #

CR2E034 (10/02)