

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-28-2003 90232 042 ***150.00

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DOCUMENT # P02000023591



1. Entity Name
BOLACO, INC.

Principal Place of Business
2324 SEIDENBERG AVE. APT. #A
KEY WEST FL 33040

Mailing Address
2324 SEIDENBERG AVE. APT. #A
KEY WEST FL 33040

2826 N. ROOSEVELT BLVD.

2. Principal Place of Business

3. Mailing Address
2324 SEIDENBERG AVE.

Suite, Apt. #, etc.
KEY WEST, FL

Suite, Apt. #, etc.
APT. A

City & State

City & State
KEY WEST, FL

CHECK HERE IF MAKING CHANGES

4. FEI Number
75-3019972

Applied For
Not Applicable

Zip Country
33040 USA

Zip Country
33040 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

PTACEK, ROMAN
2324 SEIDENBERG AVE. APT. #A
KEY WEST FL 33040

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 *Roman P. Ptacek*
Signature, typed or printed name of registered agent and title if applicable.

4-3-03

(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	PD	<input type="checkbox"/> Delete
NAME	PTACEK, ROMAN	
STREET ADDRESS	2324 SEIDENBERG AVE. APT. #A	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 the empowered.

SIGNATURE: *Roman P. Ptacek*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-03-03 305-296-8269
Date Daytime Phone #

CR2E034 (10/02)