

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90191 016 ***150.00

DOCUMENT # P02000044062

1. Entity Name
BONVIE F.P. DÉVELOPMENT, INC.
(SUB-S CORPORATION)



Principal Place of Business
4567 W. TRADEWINDS AVE.
LAUDERDALE-BY-THE-SEA FL 33308

Mailing Address
4567 W. TRADEWINDS AVE.
LAUDERDALE-BY-THE-SEA FL 33308



2. Principal Place of Business
Same
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
52-2370384

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

KELLEY, PATRICK G ESQ.
1401 EAST BROWARD BLD.
SUITE 206
FORT LAUDERDALE FL 33301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Not Applicable

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

(NOTE: Registered Agent signature required when reinstating)

Not Applicable

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **BONVIE, RICHARD E**
STREET ADDRESS **4567 W. TRADEWINDS AVE.**
CITY-ST-ZIP **LAUDERDALE-BY-THE-SEA FL 33308**

TITLE **D** ☐ **Delete**
NAME **BONVIE, PATRICIA A**
STREET ADDRESS **4567 W. TRADEWINDS AVE.**
CITY-ST-ZIP **LAUDERDALE-BY-THE-SEA FL 33308**

TITLE **D** ☐ **Delete**
NAME **BONVIE, RICHARD J**
STREET ADDRESS **4567 W. TRADEWINDS AVE.**
CITY-ST-ZIP **LAUDERDALE-BY-THE-SEA FL 33308**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: *[Signature]* **President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/ 6 /2003

Date

Daytime Phone #

(954) 772-6633

CR2E034 (10/02)