

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-10-2003 90732 016 \*\*\*150.00

DOCUMENT # **P02000050589**

1. Entity Name  
**FLORIDA INFLATABLE BOUNCERS, CORP**



Principal Place of Business  
**2785 EVERGLADES BLVD N.  
NAPLES FL 34120**

Mailing Address  
**2785 EVERGLADES BLVD N.  
NAPLES FL 34120**



2. Principal Place of Business

3. Mailing Address

**2775 Everglades Blvd N. 2775 Everglades Blvd N.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Naples FL**

City & State  
**Naples FL**

4. FEI Number  
**35-2167594**

Applied For  
Not Applicable

Zip  
**34120**

Country  
**U.S.**

Zip  
**34120**

Country  
**U.S.**

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

**GONZALEZ, RICHARD P  
2785 EVERGLADES BLVD N.  
NAPLES FL 34120**

Name **Gonzalez, Richard P**  
Street Address (P.O. Box Number is Not Acceptable)  
**2775 Everglades Blvd N.**  
~~2785 Everglades Blvd N.~~  
City **Naples** FL Zip Code **34120**

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 **Richard Gonzalez** **March 1, 03**  
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 NAME STREET ADDRESS CITY-ST-ZIP~~  
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**Manager** ☐ Change ☒ Addition  
**Milady Gonzalez**  
**2775 Everglades Blvd N.**  
**NAPLES FL 34120**  
☐ Change ☐ Addition  
☐ Change ☐ Addition  
☐ Change ☐ Addition  
☐ Change ☐ Addition

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: **Richard Gonzalez** **(239) 353-6807**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)