

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90816 017 ***150.00

0067028 AV

DOCUMENT # P02000057919

1. Entity Name
BOTOMSUP, INC.



Principal Place of Business
**204 WEST UNIVERSITY AVENUE
SUITE #11
GAINESVILLE FL 32601**

Mailing Address
**204 WEST UNIVERSITY AVENUE
SUITE #11
GAINESVILLE FL 32601**



2. Principal Place of Business
501 SW 13th St
Suite, Apt. #, etc.

3. Mailing Address
204 W. Univ. Ave
Suite, Apt. #, etc.
#11

☐ CHECK HERE IF MAKING CHANGES

City & State
Gainesville FL
Zip
32601 Country
USA

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Gainesville FL
Zip
32601 Country
USA

4. FEI Number
36 449 7876 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOPE, A. BICE
408 WEST UNIVERSITY AVENUE
SUITE 406
GAINESVILLE FL 32601**

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 _____
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	D HOPE, A. BICE 408 W. UNIV. AVENUE, SUITE #406 GAINESVILLE FL 32601	<input type="checkbox"/> Delete
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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 an other like empowered.

SIGNATURE: Deanna Monahan 4/29/03 352 339 2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)