

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2003 8:00 am
Secretary of State

09-05-2003 90114 037 ***550.00

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DOCUMENT # P02000062002

1. Entity Name
ROY BONILLA REAL ESTATE, INC.



Principal Place of Business
1815 SE 11TH AVE
CAPE CORAL FL 33990

Mailing Address
1815 SE 11TH AVE
CAPE CORAL FL 33990

2. Principal Place of Business

3. Mailing Address

3816 Chiquita Blvd.
Suite, Apt. #, etc.
#2

3816 Chiquita Blvd.
Suite, Apt. #, etc.
#2

City & State
CAPE CORAL, FL.

City & State
CAPE CORAL, FL.

Zip
33914

Country
USA

Zip
33914

Country
USA

4. FEI Number

42-1538441

Applied For

Not Applicable

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

BONILLA, ROY R MR.
1815 SE 11TH AVE
CAPE CORAL FL 33990

Name
Bonilla, Roy R. Mr.
Street Address (P.O. Box Number is Not Acceptable)
3816 Chiquita Blvd. #2

City
CAPE CORAL **FL** **Zip Code**
33914

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

(NOTE: Registered Agent signature required when reinstating)

8/28/03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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
P
BONILLA, ROY R MR.
1815 SE 11TH AVE
CAPE CORAL FL 33990 ☒ **Delete**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Bonilla, Roy R. Mr.
3816 Chiquita Blvd. #2
CAPE CORAL FL 33914 ☐ **Delete**

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

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

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

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

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CITY-ST-ZIP ☐ **Delete**

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CITY-ST-ZIP ☐ **Change** ☐ **Addition**

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CITY-ST-ZIP ☐ **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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/03 (239) 541-7697

CR2E034 (4/03)