

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

09-05-2003 90114 036 \*\*\*550.00

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**DOCUMENT # P02000063139**

1. Entity Name

**ROY BONILLA ENTERPRISES, INC.**



Principal Place of Business

**3816 CHIQUITA BLVD.**

**#2**

**CAPE CORAL FL 33914**

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**

Suite, Apt. #, etc.

City & State

City & State

**CAPE CORAL, FL.**

Zip

Country

Zip

Country

**33914**

**USA**

4. FEI Number

**42-1538436**

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: *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**8/28/03**  
DATE

**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 **P** ☒ Delete  
NAME **BONILLA, ROY R MR.**  
STREET ADDRESS **1815 SE 11TH AVE**  
CITY-ST-ZIP **CAPE CORAL FL 33990**

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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]* **ARE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/28/03 (239) 544-7697**  
Date Daytime Phone #

CR2E034 (4/03)