

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90264 016 ***150.00

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DOCUMENT # P02000083537

1. Entity Name
BOCA BAY BUILDERS, INC.



Principal Place of Business
**1601 JACKSON STREET
SUITE 201
FORT MYERS FL 33901
US**

Mailing Address
**1601 JACKSON STREET
SUITE 201
FORT MYERS FL 33901
US**

11013235



2. Principal Place of Business
3816 CHIQUITA BLVD.

3. Mailing Address
3816 CHIQUITA BLVD.

Suite, Apt. #, etc.
SUITE 8

Suite, Apt. #, etc.
SUITE 8

City & State
CAPE CORAL FLORIDA

City & State
CAPE CORAL FLORIDA

Zip
33914

Zip
33914

Country
U.S.A.

Country
USA

4. FEI Number
16-1624531

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

7. Name and Address of New Registered Agent

**MAHER, ROBERT T
1601 JACKSON STREET
SUITE 201
FORT MYERS FL 33901**

Name
RICHARD R. WOODARD
Street Address (P.O. Box Number is Not Acceptable)
1117 LUCERNE AVENUE
City
CAPE CORAL FL Zip Code
33904

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 R. Woodard* **RICHARD R. WOODARD, PRESIDENT** **April 18, 2003**
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	
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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: *Carrie J. Sohrabi* **CARRIE J. SOHRABI, SEC./TRE.** **April 18, 2003** **(239) 541-1263**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)