

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91190 025 ***150.00

0379780 AV

DOCUMENT # P02000095316

1. Entity Name
BOHNER, INC.



Principal Place of Business
**4063A PALM BAY CIRCLE
WEST PALM BEACH FL 33406**

Mailing Address
**4063A PALM BAY CIRCLE
WEST PALM BEACH FL 33406**

2. Principal Place of Business
4903 Lake Catherine Dr.
Suite, Apt. #, etc.

3. Mailing Address
4903 Lake Catherine Dr.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Palm Beach Gardens, FL
Zip
33403
Country

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Palm Beach Gardens, FL
Zip
33403
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4. FEI Number
05-0530823

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOHNER, ALANDREA C
4063A PALM BAY CIRCLE
WEST PALM BEACH FL 33406**

7. Name and Address of New Registered Agent

Name **Bohner, Alandrea C**
Street Address (P.O. Box Number is Not Acceptable)
4903 Lake Catherine Dr.
City **Palm Beach Gardens** **FL** Zip Code **33403**

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) 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	P BOHNER, ALANDREA C 4063A PALM BAY CIRCLE WEST PALM BEACH FL 33406	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOHNER, MICHAEL E 4063A PALM BAY CIRCLE WEST PALM BEACH FL 33406	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Alandrea C Bohner**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03

Date

561-722-6753

Daytime Phone #

CR2E034 (10/02)