2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 12, 2003 8:00 am Secretary of State 04-24-2003 90147 041 ***150.00

DOCUMENT # P02000126656 1. Entity Name BOSSHARDT REALTY SERVICES OF GULF COAST, INC.								V-1-	24-2003 7014	7 041 1	50.00	
Principal Place of Business Mailing Address 5542 NW 43 STREET 5542 NW 43 STREET GAINESVILLE FL 34653 GAINESVILLE FL 34653									550:	39500 1400		
2. Principal Place of Business 1875 Professional Pkylv. W. 3. Mailing Address							·i	1 111111111 11 111111 1	LEAN MEDAN WOTEL WOTEL HED	IE UBIE VIITE IIII	U)13 UH 1541	
Suite, Apt. #, etc. Suite, Apt. #, etc.									CK.HERE IF MAKE	NG CHANGES	5	
Scrasoto, FL City & State								4. FEI Number 22 - 3884884 Not Applied For Not Applicable				
3424	Zip 24240 Country			ip I	Coun	untry		5- Certificate of Status Desired				7
Name and Address of Current Registered Agent						Name:		7. Name and Address	of New Registere	d Agent]_
PAGE 1 AND A COMPANY AND A COM							a _a				·	-
BOSSHARDT, CAROL R 5542 NW 43 STREET						Street A	Address (F	O. Box Number is Not A	(cceptable)			7
GAINESVILLE FL 34653									-			7
		-				City			F	Zip Co	de	1
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.												1
SIGNATURE Signature, 1/Ded or printed name of regulated agent and tide it applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be												1
		s ree will be 555 Florida Departm		1				Trust Fund C		☐ Adde	d to Fees	-
		•	AND DIREC	ŀ	11.			ADDITIONS/CHANGE	S TO OFFICERS A	ND DIRECTOR	S IN 11	┥
	DP			C Delete	RILE		PP			Change	(Addition	୍ବି ହୁ
NAME STREET ADDRESS	BOSSHARD 5342 NW 43	T, CAROL R			NAME	ET ADORESS	IN IN	ton, Dave	ارم بالكلال مر	IN Ste	#101	15
CITY-ST-ZIP	GAINESVILL	E FL 34653				ST-ZIP	3	of Profession	- 3u2	40	, , , , , ,	
TITLE		*		C Delete	TITLE					☐ Change	☐ Addition	CR2E034 (10/02)
name Street address	}	:			NAM	E Et address	1				•	
CITY-ST-ZIP						ST-ZIP	1					
-TITLE				(2) Osiete	TITLE		===			Change	- Addition	-]
- NAME STREET ADDRESS					- D- NAME	ET ADDRESS			پ، <u>ب عنظی باشب</u>			
CITY-ST-ZIP	Í					ST-ZIP						
TITLE]			☐ Deleta	TITLE					Change	Addition	1
NAME . STREET ADDRESS	ļ				NAME	T ADDRESS						}
CITY-ST-ZIP]					ST-ZIP	ļ]
TITLE	<u> </u>			☐ Delete	TITLE					Change	☐ Addition	1
NAME PTOTES ADDRESS	,				NAME			•				}
STREET ADDRESS CITY-ST-ZIP					1	t address St-ZIP			•			
TITLE				☐ Delete	TITLE					☐ Change	Addition	1
NAME				•	NAME	1						}
STREET ADORESS CITY-ST-ZIP					1	T ADDRESS ST-ZIP						{
12. I hereby c	ertify that the	Information supplied	with this filir	g does not qualify for t	he even	notion stat	ed in Sect	ion 119.07(3)(i). Florida	Statutes, I further o	ertify that the in	nformation	ł
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 path; 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.												
SIGNAT	URE:	SIGNA SIGNATURE AND TYPE	TURA	TATALUK		will	<u>, </u>	Clock		Dadina Ohana #		{