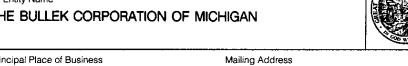
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 1. Entity Name

P02000133226





## **FILED** Apr 21, 2003 8:00 am Secretary of State 04-21-2003 91178 036 \*\*\*150.00

THE BOLLER												
Principal Place of Business Mailing Address 29 E 13TH ST 29 E 13TH ST ST CLOUD FL 34769 ST CLOUD FL 3476			Г				FII <b>a d</b> i a di a <b>a f</b> ia a fia	ili <b>i i</b> i i i i i i i i i i i i i i i i	<b>eio</b> i 11 <b>101</b> 111		<b>1</b> 11 <b>0</b> 18 <b>1</b> 1111 1 <b>10</b> 11	
2. Principal Place of	of Business	3. Mailing Add	Iress	<u></u>								
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State		City & State	City & State			4. FEI Number 11 - 366 8452				Applied For Not Applicable		
Zip Country		Zip	Co	Country		5. Certificate of Status Desired				8.75 Additional		
6.	Name and Address of Cur	rent Registered Agen	gistered Agent			7. Name and Address of New Registered Agent						
				Name								
SHAFFER, STE	PHEN L	•	Street Addres			(P.O. Box Number is Not Acceptable)						
29 E 13TH ST	0.4700			-								
ST CLOUD FL	34/69			City						7:- 0-		
<u> </u>		City		FL Zip Code					oe			
<ol><li>The above name the obligations of</li></ol>	ed entity submits this statement of registered agent	ent for the purpose of c	hanging its regist	tered office o	r registere	ed agent, or	both, in the St	ate of Florid	a. I am fa	miliar with	, and accept	
y the obligations o	or regional ed agont.											
SIGNATURESignatu	ure, typed or printed name of registered	agent and title if applicable.	(NOTE: Regis	tered Agent signa	ture required v	when reinstating)			DATE			
ENE	NOW!!! FEE IS \$150.00	<u> </u>				1						
After May	/ 1, 2003 Fee will be \$550 able to Florida Departme	.00					Election Camp Trust Fund Co		cing		00 May Be ed to Fees	
10.	OFFICERS /	AND DIRECTORS		11.	-		IS/CHANGES	TO OFFICE			·	
STREET ADDRESS 29 E	in, ronald c E 13th St Cloud Fl 34769		A S	TITLE NAME STREET ADDRESS DITY-ST-ZIP	PTI	•			)	<b>C</b> hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			N S	TITLE HAME STREET ADDRESS CITY-ST-ZIP	29 E	HEN L Cloud	n Stree	ER † 4769	[	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			N S	TITLE IAME STREET ADDRESS XITY-ST-ZIP				.7701_	<u>-</u> -	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			N S	TITLE IAME STREET ADDRESS CITY-ST-ZIP					]	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			N S	ITLE IAME ITREET ADDRESS ITY-ST-ZIP					(	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			. N	ITLE IAME TREET ADORESS ITY-ST-ZIP					]	Change	Addition	
indicated on thi of the corporation	an attachment with a addre	with this filing does out is true and account impowed to ge count iss, with all other likely	and that my sigi	nature shall h quired by Cha	lave the sa	ame legal efi Florida Stati	3)(i), Florida S fect as if made utes; and that	e under oath my name ap	n; that I am	i an office Biock 10 d	er or director or Block 11 if	