


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90016 004 ***158.75

DOCUMENT # P03000097330	
1. Entity Name Bovaco Enterprises, Inc	

DO NOT WRITE IN THIS SPACE

44023597

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4802 W Bat Court Ave Suite, Apt. #, etc.		3. Mailing Address 4802 W Bay Court Ave Suite, Apt. #, etc.	
City & State Tampa		City & State Tampa	
Zip 33611	Country US/ Hillsborough	Zip 33611	Country US/ Hillsborough
4. FEI Number 200206949		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Spiegel & Utrera, P.A.
Street Address (P.O. Box Number is Not Acceptable) 1840 Coral Way, 4th Floor
City FL Zip Code

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 _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/T David E Bove 4802 W Bay Court Ave Tampa, FL 33611 - Tampa, FL 33611	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/S Suzanne E Bove 4802 W Bay Court Ave Tampa, FL 33611 - Tampa, FL 33611	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowers.

SIGNATURE: Suzanne E Bove **Suzanne E Bove** 3/28/2004 813-918-7045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)