

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000010358

1. Entity Name
BOMZE & BOMZE, INC.

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90330 038 ***150.00

Principal Place of Business
2075 S.E. ST. LUCIE BOULEVARD
STUART FL 34996

Mailing Address
2075 S.E. ST. LUCIE BOULEVARD
STUART FL 34996

00031360



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5520 Godfrey Road
Suite, Apt. #, etc.

3. Mailing Address
5520 Godfrey Road
Suite, Apt. #, etc.

City & State
Coral Springs FL
Zip
33067

City & State
Coral Springs, FL
Zip
33067

4. FEI Number **65-0396894**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOMZE, HOWARD J
2075 S.E. ST. LUCIE BLVD.
STUART FL 34996

Name
Street Address (P.O. Box Number is Not Acceptable)
5520 Godfrey Road
City **Coral Springs** FL Zip Code **33067**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D BOMZE, HOWARD J 2075 S.E. ST. LUCIE BLVD. STUART FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D BOMZE, WENDY L 2075 S.E. ST. LUCIE BLVD. STUART FL 34996
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P BOMZE, HOWARD J. 5520 Godfrey Road Coral Springs, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T/S BOMZE, WENDY L. 5520 Godfrey Road Coral Springs, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wendy Lee Bomze
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/01 (954) 757-8570
Date Daytime Phone #

CR2E034 (10/00)