

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 14, 2001 08:00 AM**
Secretary of State**DOCUMENT # P93000060017**1. Entity Name
BODA CONSULTING SERVICES, INC.Principal Place of Business
3618 MOLONA DR
ORLANDO FL 32837 USMailing Address
3618 MOLONA DR
ORLANDO FL 32837 US2. Principal Place of Business
709 CUNNINGHAM DRIVE3. Mailing Address
709 CUNNINGHAM DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DAVENPORT FLCity & State
DAVENPORT FL4. FEI Number
59-3202572Applied For
Not ApplicableZip Country
32837 USZip Country
32837 US5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAPPEL ROBERT J
3618 MOLONA DR
ORLANDO FL 32837 US

7. Name and Address of New Registered Agent

Name
CHAPPEL ROBERT J
Street Address (P.O. Box Number is Not Acceptable)
709 CUNNINGHAM DRIVE
City DAVENPORT FL Zip Code 32837

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 _____ 01/14/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DST	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	Delete
		CHAPPEL DAPHNE O	3618 MOLONA DR	ORLANDO	FL	<input type="checkbox"/>
		CHAPPEL ROBERT J	3618 MOLONA DR	ORLANDO	FL	<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DST	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	32837	Change	Addition
		CHAPPEL DAPHNE O	709 CUNNINGHAM DRIVE	DAVENPORT	FL	32837	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		CHAPPEL ROBERT J	709 CUNNINGHAM DRIVE	DAVENPORT	FL	32837	<input checked="" type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

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: Robert J. Chappel

DP

01/14/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)