

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90387 001 \*\*\*150.00  
 07-16-2002 90387 002 \*\*\*400.00

**DOCUMENT # P94000027603**

1. Entity Name

**BO'S ELECTRIC & SPECIALTIES, INC.**

Principal Place of Business

**2711 PARK WINDSOR DR  
 #302  
 FT MYERS FL 33901-8316**

Mailing Address

**2711 PARK WINDSOR DR  
 #302  
 FT MYERS FL 33901-8316**

2. Principal Place of Business

**12510 Metro Pkwy**

3. Mailing Address

**12510 Metro Pkwy**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FT. Myers FL**

City & State

**FT. Myers FL**

Zip

Country

**33912 USA**

Zip

Country

**33912 USA**

6. Name and Address of Current Registered Agent

**BODENHAMER, BARBARA J  
 2711 PARK WINDSOR DR  
 #302  
 FT MYERS FL 33901-8316**

4. FEI Number

**65-0487705**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



7. Name and Address of New Registered Agent

**Bodenhamer, Barbara J  
 12510 Metro Pkwy  
 FT Myers FL 33912**

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BODENHAMER, THAYER H</b>	
STREET ADDRESS	<b>4336 NEW ST</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33905</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>BODENHAMER, BARBARA J</b>	
STREET ADDRESS	<b>4336 NEW ST</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33905</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bodenhamer, Thayer H</b>	
STREET ADDRESS	<b>6667 Willow Lake Cir</b>	
CITY-ST-ZIP	<b>FT. Myers, FL 33912</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bodenhamer, Barbara J</b>	
STREET ADDRESS	<b>6667 Willow Lake Cir</b>	
CITY-ST-ZIP	<b>FT. Myers, FL 33912</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Barbara J. Bodenhamer (941) 275-4502**

Date

Daytime Phone #

CR2E034 (9/01)