FILED
Jun 12, 2003 8:00 am
Secretary of State
05-01-2003 90829 022 ***150.00

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5/1/

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000042174

1. Entity Name
BOLEY & FATTORI, FINANCIAL MANAGEMENT SERVICES I NC.

55047752

[redacted]

Principal Place of Business	Mailing Address
11900 SE FEDERAL HWY SUITE 205 HOBE SOUND FL 33455 US	11900 SE FEDERAL HWY SUITE 205 HOBE SOUND FL 33455 US

2. Principal Place of Business: 7880 SE Shenandoah Dr
Suite, Apt. #, etc.:
City & State: Hobe Sound FL
Zip: 33455 Country:

3. Mailing Address: PO Box 1103 ~~PO Box 1103~~
Suite, Apt. #, etc.:
City & State: ~~Hobe Sound, FL~~
Zip: 33475 ~~33475~~ Country:

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0496103 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOLEY, LESLIE S
~~11900 SE FEDERAL HWY~~
~~HOBE SOUND FL 33455~~

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable): ~~PO Box 1103~~ 7880 SE Shenandoah
City: Hobe Sound FL Zip Code: 33455 ~~33475~~

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 [signature] 6/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FATTORI, ARMAND T ~~11900 SE FEDERAL HWY~~ HOBE SOUND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Po Box 1103	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BOLEY, LESLIE S ~~11900 SE FEDERAL HWY~~ HOBE SOUND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Po Box 1103	☑ Change ☐ Addition
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CR2E034 (10/02)

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

SIGNATURE: [signature] 4/28/03 772-546-7740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Leslie S. Boley