

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90235 045 ***150.00

0078572 FD

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1. Entity Name
T.L. BOUMA INC



Principal Place of Business
155 SANDY SHORES DR.
MELBOURNE BEACH FL 32951-3129
US

Mailing Address
155 SANDY SHORES DR.
MELBOURNE BEACH FL 32951-3129
US



2. Principal Place of Business
#

3. Mailing Address

Suite, Apt. #, etc.
4336 Old AIA South

City & State
Palm Coast, FL.

Zip
32137

Country
U.S.

CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3377302

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BOUMA, THOMAS L
~~155 SANDY SHORES DR.~~
~~MELBOURNE BEACH FL 32951-3129~~

7. Name and Address of New Registered Agent

Name
Bouma, Thomas L

Street Address (P.O. Box Number is Not Acceptable)
4336 Old AIA South

City
Palm Coast

FL

Zip Code
32137

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, 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 \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	BOUMA, THOMAS L	155 SANDY SHORES DR.	MELBOURNE BEACH FL 32951-3129	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		4336 Old AIA South	Palm Coast, FL. 32137	<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"/>

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: Thomas L. Bouma **SIGNATURE REQUIRED** Thomas L. Bouma 03-06-03 (386) 447-7005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)