

# 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

**DOCUMENT # P96000034624**

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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOUMA, THOMAS L <del>155 SANDY SHORES DR.</del> <del>MELBOURNE BEACH FL 32951-3129</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

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)