

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90183 038 ***550.00

DOCUMENT # P96000044836

1. Entity Name
BOLES SERVICING CO., INC.

Principal Place of Business

5215 BLUEJAY DR.
HOLIDAY FL 34690

Mailing Address

5215 BLUEJAY DR.
HOLIDAY FL 34690

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For
☒ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOLES, WM. O. "RUSTY" JR
3701 DEVONSHIRE DR
HOLIDAY FL 34691-1206

New address

Boles, Wm O "Rusty" Jr.
Street Address (P.O. Box Number is Not Acceptable)
5215 Bluejay Dr.

City *Holiday* **FL** **Zip Code** *34690*

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BOLES, WM. O. "RUSTY" JR**
STREET ADDRESS **3701 DEVONSHIRE DR**
CITY-ST-ZIP **HOLIDAY FL 34691-1206**

TITLE **D** ☒ Change ☐ Addition
NAME **Boles WMO "Rusty" JR**
STREET ADDRESS **5215 Bluejay Drive**
CITY-ST-ZIP **Holiday FL 34690**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Wm O Boles
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-2002

Date

Daytime Phone #

727 934-1503

CR2E034 (4/02)