

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

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.

City & State

Zip

Country

4. FEI Number

5. Certificate of Status Desired

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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, 2004 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

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CHANGE

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Payphone Phone #