## 2000 UNIFORM BUSINESS REPORT (UBR)

## May 08, 2000 8:00 am Secretary of State DOCUMENT # **P96000047685** BOETTCHER CONSTRUCTION, INC. 05-08-2000 90115 040 \*\*\*150.00 Principal Place of Business Mailing Address 1948 NE WALDO RD 1948 NE WALDO RD GAINESVILLE FL 32609-3964 GAINESVILLE FL 32609 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3388263 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOETTCHER, VICTORIA L Street Address (P.O. Box Number is Not Acceptable) 1948 NE WALDO RD **GAINESVILLE FL 32609** Zip Code City FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12, 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME BOETTTCHER, VICTORIA L NAME STREET ADDRESS STREET ADDRESS 1948 NE WALDO RD CITY-ST-7iP CITY-ST-ZIP **GAINESVILLE FL 32609** □ Change ☐ Addition Delete TITLE BOETTCHER, CARL C NAME STREET ADDRESS 1948 NE WALDO RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32609 CED - VPOPETATIONS \_\_\_\_\_ Change\_ ⊡ · Delete TITLE -Addition TITLE Jim micall NAME NAME 1948 NE Mondo 39 STREET ADDRESS STREET ADDRESS balveoulle, FL 3260 9 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SUPPLY TOTAL REQUINITION BOOTS BOOTS OF SIGNING OFFICER OR DIRECTOR

4/26/00 (352)376 2760

FILED