

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P96000082660**

1. Entity Name

**BOHECA CORPORATION**

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90001 041 \*\*\*150.00

Principal Place of Business

Mailing Address

1320 MORELAND DR., A-3  
 CLEARWATER FL 33764  
 US

1320 MORELAND DR. A-3  
 CLEARWATER FL 33764-2929  
 US

2. Principal Place of Business

3. Mailing Address

**1901 N. 13TH STREET**

**P.O. BOX 24016**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**100**

City & State

City & State

**TAMPA, FL**

**TAMPA, FL**

Zip

Country

Zip

Country

**33605**

**33623**

4. FEI Number

**59-3409946**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KLACE, TIM J**  
**1320 MORELAND DR., A-3**  
**CLEARWATER FL 33764**

Name

**CAREY, MICHAEL R.**

Street Address (P.O. Box Number is Not Acceptable)

**712 S. OREGON AVE.**

City

**TAMPA**

**FL**

Zip Code

**33606**

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

*Michael R Carey*

**4/26/00**

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>P</b>			<input checked="" type="checkbox"/>
	<b>KLACE, TIM J.</b>	<b>1320 MORELAND DR. A-3</b>	<b>CLEARWATER FL</b>	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	<b>STANTON, JOHN</b>	<b>1901 N. 13TH STREET, SUITE 100</b>	<b>TAMPA, FLORIDA 33605</b>		
				<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"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*JOHN STANTON*  
**JOHN STANTON**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/00**  
 Date

**813/310-4898**  
 Daytime Phone #

C.F. TOL. MAP