

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2002 8:00 am**  
**Secretary of State**

04-12-2002 90001 042 \*\*\*150.00

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<b>DOCUMENT # P97000009909</b>			
1. Entity Name <b>NOSH-A-RYE #1, INC.</b>			
Principal Place of Business <b>23 AVENUE OF THE FLOWERS LONGBOAT KEY FL 34228</b>		Mailing Address <b>23 AVENUE OF THE FLOWERS LONGBOAT KEY FL 34228</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0727738</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GASWELL &amp; HARRIS, P.A.</b> <b>1215 N. PALM AVE.</b> <b>SARASOTA FL 34236</b>				Name <b>Barbara A. Bowman</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>636 E. Jungle Queen Way</b>	
				City <b>Longboat Key FL</b>	Zip Code <b>34228</b>
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 <b>Barbara A. Bowman</b> Signature, typed or printed name of registered agent and title if applicable.				DATE <b>4-1-02</b> (NOTE: Registered Agent signature required when reappointing)	

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input checked="" type="checkbox"/> Delete NAME <b>KRAMER, JUDY B</b> STREET ADDRESS <b>23 AVENUE OF THE FLOWERS</b> CITY-ST-ZIP <b>LONGBOAT KEY FL 34228</b>		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Pres P Barbara A. Bowman</b> STREET ADDRESS <b>636 E Jungle Queen Way</b> CITY-ST-ZIP <b>Longboat Key FL 34228</b>	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Paul W. Bowman</b> STREET ADDRESS <b>636 E Jungle Queen Way</b> CITY-ST-ZIP <b>Longboat Key FL 34228</b>	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 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: Barbara Bowman Barbara Bowman 4-1-02 941 387-9300**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)