

**2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 16, 2002 8:00 am
Secretary of State

06-16-2002 90707 001 ***150.00

DOCUMENT # P97000034167

1. Entity Name

BOCASA(FLORIDA), INC.

DO NOT WRITE IN THIS SPACE

869200

2. Principal Place of Business
c/o Jane E. Lamberson

3. Mailing Address
c/o Jane E. Lamberson

Suite, Apt. #, etc.
8955 Fontana Del Sol Way

Suite, Apt. #, etc.
P.O. Box 111419

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number
65-0753893

Applied For
Not Applicable

Zip
34109

Country
USA

Zip
34108-0124

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Jane E. Lamberson

Street Address (P.O. Box Number is Not Acceptable)
8955 Fontana Del Sol Way

City
Naples

FL Zip Code
34109

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

Jane E. Lamberson

5-1-02

Signature, typed or printed name of registered agent and filer if applicable.

(NOTE: Registered Agent signature required when re-electing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVSTD
Jean Calmes
4 Rue Du Parc L-5374
GR D of Luxembourg

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Jane E. Lamberson
8955 Fontana Del Sol Way
Naples, FL 34109

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jane E. Lamberson

5-1-02

239-262-0170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

JANE E. LAMBERSON

CR2E034B (12/01)