

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90244 050 ***150.00

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DOCUMENT # P97000048661

1. Entity Name
BOVA CONSTRUCTION, INC.

Principal Place of Business
**5055 NORTH OCEAN SHORE BLVD.
 2 FLOOR
 PALM COAST FL 32137**

Mailing Address
**5055 NORTH OCEAN SHORE BLVD.
 2 FLOOR
 PALM COAST FL 32137**

2. Principal Place of Business
204 S. Ocean Shore Blvd

3. Mailing Address
PO Box 668

Suite, Apt. #, etc.
2nd FLOOR

Suite, Apt. #, etc.
FEATHER

City & State
Flagler Beach, FL 32136

City & State
Flagler Bch, FL

Zip
32136

Country
USA

Zip
32136

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3456268**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BOBACE, JOHN E SR.
 5 LAKESIDE PLACE WEST
 PALM COAST FL 32137**

7. Name and Address of New Registered Agent

Name
JOHN E BOBACK, SR
 Street Address (P.O. Box Number is Not Acceptable)
1305 NO. DAYTONA AVE
 City **Flagler Bch, FL** **FL** Zip Code **32136**

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 **JOHN E BOBACK, SR** **4/16/01**
 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, 2001 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

TITLE **P** ☐ Delete
 NAME **BOBACK, JOHN E**
 STREET ADDRESS **5055 NORTH OCEAN SHORE BLVD**
 CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **VP** ☐ Delete
 NAME **BOBACK, ROBYN**
 STREET ADDRESS **5055 NORTH OCEAN SHORE BLVD**
 CITY-ST-ZIP **PALM COAST FL 32137**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Change ☐ Addition
 NAME **JOHN E BOBACK, SR**
 STREET ADDRESS **1305 NO. DAYTONA AVE**
 CITY-ST-ZIP **FLAGLER BEACH, FL 32136**

TITLE **P** ☒ Change ☐ Addition
 NAME **ROBYN BOBACK**
 STREET ADDRESS **1305 NO. DAYTONA AVE**
 CITY-ST-ZIP **FLAGLER BEACH, FL 32136**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **John E Boback, Sr.** **386-439-2206**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)