

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90064 038 ***150.00

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DOCUMENT # P97000048661

1. Entity Name
BOVA CONSTRUCTION, INC.

Principal Place of Business
204 S. OCEANSHORE BLVD.
2ND FLOOR
FLAGLER BEACH FL 32136

Mailing Address
P.O BOX 668
FLAGLER BEACH FL 32136



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3456268**

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOBACK, JOHN E SR.
1305 N. DAYTONA AVE.
FLAGLER BEACH FL 32136

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Polyna Boback* *Robyn A. Boback, Sr.* *2/18/02*
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, 2002 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	V	<input type="checkbox"/> Delete
NAME	BOBACK, JOHN E	
STREET ADDRESS	1305 N. DAYTONA AVE	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	P	<input type="checkbox"/> Delete
NAME	BOBACK, ROBYN	
STREET ADDRESS	1305 N. DAYTONA AVE.	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Secretary</i>	
STREET ADDRESS	<i>Robyn BOBACK</i>	
CITY-ST-ZIP	<i>1305 No. Daytona Ave</i>	
	<i>FLAGLER BEACH, FL 32136</i>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Treasurer</i>	
STREET ADDRESS	<i>John E BOBACK, Sr.</i>	
CITY-ST-ZIP	<i>1305 No Daytona Ave</i>	
	<i>FLAGLER BEACH, FL 32136</i>	
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: *Polyna Boback* *ROBYN A BOBACK* *2/18/02* *386-439-2206*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)