2002 UNIFORM BUSINESS REPORT (UBR)

May 08, 2002 8:00 am DOCUMENT # P97000056495 1. Entity Name 05-08-2002 90122 018 ***150.00 BOCA RATON VACUUM, INC. Principal Place of Business Mailing Address 281 N. FEDERAL HIGHWAY 291-N. FEUERAL HIGHWAY **BOCA RATON FL 33432 BOCA-RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0764619 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TIMOSZCZUK, EDDIE DANIEL Street Address (P.O. Box Number is Not Acceptable) 281 N. FEDERAL HIGHWAY **BOCA RATON FL 33432** City 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **▼** Delete TITLE ☐ Addition Change CAMPANELLI, JOSEPH NAME NAME STREET ADDRESS 281 N FEDERAL HWY STREET ADDRESS CITY-ST-ZIP BOGA RATON FL 33432 CITY-ST-ZIP TITLE **D**elete TITLE Change ☐ Addition NAME NAME Campanelli, Joseph STREET ADDRESS STREET ADDRESS 281-N FEDERAL WY-> CITY-ST-ZIP CITY-ST-ZIP BOCA RATON F, 39432 TITLE ☐ Delete Change TITLE **★** Addition NAME TIMOSZCZUK, EDDIE DANIEL NAME STREET ADDRESS 281 N. FEDERAL HIGHWAY STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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. EDDIE TIMOS2C2VK - PRESIDENT 4-25-02
De DE SIGNING OFFICER OR DIRECTOR

Date

Date

Daylime Phone # SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF S

FILED