

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000070790**

1. Entity Name

**Bomar Corporation**

APPROVED  
AND  
FILED

00 APR 26 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**4905 Crawfordville Rd.  
Tallahassee, FL 32310**

**SAME**

2. Principal Place of Business

**SAME**

3. Mailing Address

**4905 Crawfordville Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Tallahassee, FL 32310**

4. FEI Number

**59-3465905**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Dawn Coloca Johnson  
1350-52 North Gadsden St.  
Tallahassee, FL 32303**

7. Name and Address of New Registered Agent

Name

**Robert R. Uycha**

Street Address (P.O. Box Number is Not Acceptable)

**5215 Velda Dairy Road**

City

**Tallahassee,**

**FL**

Zip Code

**32308**

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]*

(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, 2000 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 **Pres.** ☐ Delete  
NAME **Robert R. Uycha**  
STREET ADDRESS **5215 Velda Dairy Rd.**  
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **V.P.** ☐ Delete  
NAME **Martha P. Uycha**  
STREET ADDRESS **5215 Velda Dairy Rd.**  
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)