

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000085542

1. Entity Name
BOLDEN MASTER GATES, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90066 025 ***150.00

Principal Place of Business
792 ST RD 26
MELROSE FL 32666
US

Mailing Address
24860 NE 147TH PLACE
FT. MCCOY FL 32134

00034827



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
792 ST. Rd. 26
Suite, Apt. #, etc.

3. Mailing Address
24860 N.E. 147th Pl.
Suite, Apt. #, etc.

City & State
MELROSE FL
Zip
32666
Country
FLORIDA

City & State
FT. MCCOY FL
Zip
32134
Country
MARIANA

4. FEI Number **59-3477819**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HANDLEY, THOMAS R
24860 NE 147TH PLACE
FT. MCCOY FL 32134

7. Name and Address of New Registered Agent

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 *Thomas R. Handley*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-9-01
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 **D** ☐ Delete
NAME **HANDLEY, THOMAS R**
STREET ADDRESS **24860 NE 147TH PLACE**
CITY-ST-ZIP **FT. MCCOY FL 32134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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)(l), 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: *THOMAS R. HANDLEY*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-475-2514

0452/69

CR2E034 (10/00)