

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000086072

Entity Name  
BON AD, INC.

FILED  
Apr 25, 2000 8:00 am  
Secretary of State  
04-25-2000 90134 040 \*\*\*150.00

Principal Place of Business N COLLIER BLVD.D. #401 MARCO ISLAND FL 34145	Mailing Address 950 N COLLIER BLVD.D. #401 MARCO ISLAND FL 34145-2725
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C0073166



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1120 GOODLETTE Rd. N. Suite, Apt. #, etc.	3. Mailing Address 1120 GOODLETTE Rd. N. Suite, Apt. #, etc.
City & State NAPLES, FL Zip 34102 Country USA	City & State NAPLES, FL Zip 34102 Country USA

4. FEI Number 59-3494358	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOLD, JOHN A  
995 N. COLLIER BLVD.  
MARCO ISLAND FL

7. Name and Address of New Registered Agent

Name  
None

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 \_\_\_\_\_ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BODE, SVEN		NAME	BODE, SVEN	
STREET ADDRESS	950 N COLLIER BLVD.D.,		STREET ADDRESS	1120 GOODLETTE Rd. N.	
CITY-ST-ZIP	MARCO ISLAND FL 34145		CITY-ST-ZIP	NAPLES, FL 34102	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: \_\_\_\_\_ DATE: 04.18.2000 DAYTIME PHONE: 941-6596590