2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

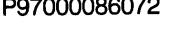
Principal Place of Business

4901 TAMIAMI TRAIL N.

NAPLES FL 34103

P97000086072

1. Entity Name BON AD, INC.



Mailing Address

NAPLES FL 34103

3. Mailing Address

4901 TAMIAMI TRAIL N.



FILED Feb 06, 2003 8:00 am Secretary of State

02-06-2003 90049 009 ***150.00

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2. Principal Place of Business Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3494358 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BODE SVEN Street Address (P.O. Box Number is Not Acceptable) BODE, SVEN 4901 TAMIAMI TRAIL N. N, 4901 Tamiami Trail NAPLES FL 34103 City °C' 03 Naples the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement the obligations of registered agent. 02-04-03 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed parne of reg FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Addition Change Ð TITLE ☐ Delete TITLE BODE. NAME BODE, SVEN NAME STREET ADDRESS STREET ADDRESS 1120 GOODLETTE RD N CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 [7] Change ☐ Addition TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TiTI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 refused by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.