

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90072 040 ***150.00

DOCUMENT # P98000014854

1. Entity Name

A. BOLEY ENTERPRISES, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

31 GEORGETOWN ST.

3. Mailing Address

31 GEORGETOWN ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

4. FEI Number

65-0814740

Applied For

Not Applicable

Zip

33919

Country

Zip

33919

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

BOLEY, SANTFORD R.

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

31 GEORGETOWN ST.

City

FORT MYERS

FL

Zip Code

33919

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.

SANTFORD R. BOLEY

4/28/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
D.
BOLEY, SANTFORD R.
31 GEORGETOWN ST.
FORT MYERS, FL 33919

TITLE
NAME
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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANTFORD R. BOLEY

Date

Daytime Phone #

4/28/02 239-848-7156