## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 14, 2002 8:00 am § DOCUMENT # P98000051458 **Secretary of State** 1. Entity Name 03-14-2002 90014 038 \*\*\*150.00 BONITZ REPAIR & RENOVATION, INC. Principal Place of Business Mailing Address 5613 PARKDALE DR. 5613 PARKDALE DR. ORLANDO FL 32839 ORLANDO FL 32839 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3514451 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BONITZ, RICHARD** Street Address (P.O. Box Number is Not Acceptable) 5613 PARKDALE DR. ORLANDO FL 32839 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Executive secretary (9/01) Addition TITLE TITLE ☐ Delete Melissa Worley 5613 Parkdale Drive NAME **BONITZ, RICHARD** NAME CR2E034 STREET ADDRESS 5613 PARKDALE DR. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32839 CITY-ST-ZIP orlando, F1. 32839 TITLE Delete Change ☐ Addition ES NAME SMITH, KELLY NAME STREET ADDRESS STREET ADDRESS 5613 PARK DALE DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32839 \_ Delete -TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE 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

SIGNATURE:

ICHARD P. BONITZ 03/04/2002.

**FILED**