

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90013 023 ***150.00

DOCUMENT # P98000057786

1. Entity Name
BO-MAR SCENIC & DESIGN, INC.



Principal Place of Business
**13041 LN PK CUTOFF RD
TAVARES FL 32778**

Mailing Address
**P.O. BOX 495
MT. DORA FL 32757**

2. Principal Place of Business
27616 C.R. 561

3. Mailing Address

Suite, Apt. #, etc.
BLDG. C

Suite, Apt. #, etc.

City & State
TAVARES, FL.

City & State

Zip Country
32778 USA

Zip Country

4. FEI Number **59-3519678**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NICHOLS, MARK S
19821 W. ELDORADO DR.
EUSTIS FL 32736**

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **NICHOLS, MARK S**
CITY-ST-ZIP **19821 W. ELDORADO DR.
EUSTIS FL 32736**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LANDIS, ROBERT J JR.**
CITY-ST-ZIP **1109 FORESTER AVE.
ORLANDO FL 32809**

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

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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 required 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.

SIGNATURE:

SIGNATURE MICHAEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03

Date

Daytime Phone #

CR2E034 (10/02)