

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065843

1. Entity Name
BOOGIE MAN BEACH WEAR, INC.

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90519 022 ***150.00

Principal Place of Business
1109 SHEFFIELD COURT
ALTAMONTE SPRINGS FL 32714

Mailing Address
1109 SHEFFIELD COURT
ALTAMONTE SPRINGS FL 32714

00024429



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4210 LB McLeod Rd.
Suite, Apt. #, etc.
Suite 116
City & State
Orlando, FL
Zip
32811
Country
Orange

3. Mailing Address
4210 LB McLeod Rd.
Suite, Apt. #, etc.
Suite 116
City & State
Orlando, FL
Zip
32811
Country
Orange

4. FEI Number ~~50-3531039~~
~~50-3531039~~ 50-3531839
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
LYNCH, ROBERT W
1109 SHEFFIELD COURT
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent
Name
SCOTT D. ALLEN
Street Address (P.O. Box Number is Not Acceptable)
5108 LOBO CT
City
Orlando
FL
Zip Code
32819

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)
SCOTT D. ALLEN
DATE
2/20/01

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYNCH, ROBERT W 1109 SHEFFIELD CT ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SCOTT D. ALLEN, 5108 LOBO CT Orlando, FL 32819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS LYNCH, ROBERT M 1109 SHEFFIELD CT ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Randy Rolis 685 Jackson Ct Satellite Beach, FL 32937	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP LYNCH, ANDREA 1109 SHEFFIELD CT ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, GEOFF M 1109 SHEFFIELD CT ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE
2/20/01
Daytime Phone #
(407) 765-1400

CR2E034 (10/00)