

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 27, 2000 8:00 am**
Secretary of State

01-27-2000 90096 001 ***155.00

DOCUMENT # P98000089264

1. Entity Name

PRODUCT SOURCE, INC.

Principal Place of Business

4134 GULF OF MEXICO DR., STE. 302
LONGBOAT KEY FL 34228

Mailing Address

1273 NORTH SEAGULL POINT
BLD. #155
CRYSTAL RIVER FL 34429-5218

2. Principal Place of Business

7179 GREENWOOD LANE

Suite, Apt. #, etc.

3. Mailing Address

P.O.B. 39

Suite, Apt. #, etc.

City & State

CRYSTAL RIVER, FL.

City & State

CRYSTAL RIVER, FL.

4. FEI Number

APPLIED FOR
593556183

Applied For

Not Applicable

Zip

34429

Country

CITRUS

Zip

34423

Country

CITRUS5. 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

BOLL, JOHN L SR
1293 NORTH SEAGULL POINT
BLD. #155
CRYSTAL RIVER FL 34429

Name

BOLL, JOHN L. SR.

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

7179 GREENWOOD LANE

City

CRYSTAL RIVER**FL**

Zip Code

34429

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

JOHN L. BOLL SR**PRES.****John L. Boll Sr.****1-24-2000**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	P	<input checked="" type="checkbox"/> Delete
NAME	BOLL, JOHN L SR	
STREET ADDRESS	1273 NORTH SEAGULL POINT	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HIGHTON, ROGER	
STREET ADDRESS	4134 GULF OF MEXICO DR., STE. 302	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BOLL, AUDERE	
STREET ADDRESS	1273 NORTH SEAGULL POINT	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN L. BOLL SR	
STREET ADDRESS	7179 GREENWOOD LANE	
CITY-ST-ZIP	CRYSTAL RIVER, FL. 34429	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUDERE BOLL	
STREET ADDRESS	7179 GREENWOOD LANE	
CITY-ST-ZIP	CRYSTAL RIVER, FL. 34429	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:**John L. Boll Sr. PRES. JOHN L. BOLL SR.**

Date

1-24-2000
352-3678281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25034 (9/99)