

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095451

1. Entity Name

BON CARD, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90133 003 ***150.00

Principal Place of Business

Mailing Address

950 N COLLIER BLVD.
 SUITE 201
 MARCO ISLAND FL 34145

950 N COLLIER BLVD.
 SUITE 201
 MARCO ISLAND FL 34145-2725

2. Principal Place of Business

3. Mailing Address

1120 GOODLETTE RD N

1120 GOODLETTE RD. N

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 NAPLES, FLORIDA

City & State
 NAPLES, FLORIDA

4. FEI Number 59-2135542

Applied For
 Not Applicable

Zip
 34102

Country

Zip
 34102

Country

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

KRAMER, FREDERICK C
 950 N COLLIER BLVD.
 SUITE 201
 MARCO ISLAND FL 34145

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.

SIGNATURE

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 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
 BODE, SVEN J
 1083 N. COLLIER BLVD 0 #206
 MARCO ISLAND FL 34145 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VP
 BAILEY, ROBERT
 822 MAGNOLIA CT.
 MARCO ISLAND FL 34145 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 ST
 ROY, DAVID J
 431 EGRET AVE.
 NAPLES FL 34108 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

APRIL 25, 2000

Date

Daytime Phone #

CR2E034 (9/99)