

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101617

1. Entity Name

BOMIA & HINES CATERING, INC.

05-16-2001 FILED 0013 ***150.00
P98000101617

02 AUG -5 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8820 PINE BAY COURT
ORLANDO FL 32825

Mailing Address

8820 PINE BAY COURT
ORLANDO FL 32825

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

09-17-01 90146 005 \$550.00

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

BOMIA, BOB
8820 PINE BAY COURT
ORLANDO FL 32825

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)

Robert A. Bomia 8-1-02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOMIA, BOB 8820 PINE BAY COURT ORLANDO FL 32825	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 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:

Robert A. Bomia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-02

407 894
9344

CR2E034 (10/00)

78 8/5/02

THE TRUCK
Bomia & Hines Catering
Good Food Served Fast at Reasonable Prices

To: Florida Department Of State
Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

August 1, 2002

Ref: Letter Number 302A00034442

Dear Mr. Sean Toner:

I have paid all fees, complied with the filing requirements, and replied to your correspondence. There is no reason to dissolve my corporation. I am writing you per instruction of Barbra Mitchell. Enclosed is the Uniform Business report. Mrs. Mitch advised that this would correct my corporate status.

Sincerely,



Robert (Bob) Bomia