

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 13, 2003 8:00 am**  
**Secretary of State**

08-13-2003 90072 035 \*\*\*150.00

**DOCUMENT # P98000104354**

**1. Entity Name**  
**BOCA CONSULTING, INC.**



**Principal Place of Business**  
**6300 N. WICKHAM ROAD**  
**SUITE 130**  
**MELBOURNE FL 32940**

**Mailing Address**  
**690 WATERWOOD WAY**  
**MELBOURNE FL 32940**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **59-3547302**

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**LONERGAN, THOMAS W**  
**690 WATERWOOD WAY**  
**MELBOURNE FL 32940**

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 \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MP**  
**LONERGAN, THOMAS W**  
**690 WATERWOOD WAY**  
**MELBOURNE FL 32940**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change

☐ Addition

**TITLE**  
**NAME**  
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☐ Delete

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☐ Change

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**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change

☐ Addition

**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:**

**THOMAS W. LONERGAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/20/03** **3215365566**

CR2E034 (4/03)

Attachment 80138616

**BOUVIER & ASSOCIATES**

CERTIFIED PUBLIC ACCOUNTANTS

3210 N. Wickham Road, Suite 5 • Melbourne, Florida 32935

Tel. 321/ 752-9967 • Fax 321/ 752-9927

August 5, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

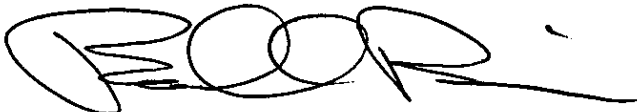
RE: Boca Consulting, Inc. G03999016368

Our client, Boca Consulting, Inc., did not receive the original 2003 Uniform Business Report which was due on May 1st. The enclosed UBR with the \$400 penalty due on September 10th is the only one they have received.

Enclosed, please find the completed Uniform Business Report and the \$150.00 fee. We are hereby requesting that you accept the \$150 as payment in full and waive the \$400 penalty due to the fact that our client did not receive the original report.

If you need any further information, please don't hesitate to call.

Thank you,



Paul A. Bouvier, CPA