## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 30, 2000 8:00 am Secretary of State DOCUMENT # P9900006383 1. Entity Name BOKA-VIN, INC. 08-30-2000 90005 031 \*\*\*550.00 Principal Place of Business Mailing Address 25333 CANTERBURY DRIVE 25333 CANTERBURY DRIVE LAKE WALES FL 33853 LAKE WALES FL 33853 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE \_Suite\_Apt. #, etc. ≤Suite-Apt##.retc:= Applied For City & State City & State 4. FEJ Number Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARGOLIS, ROBERT 25333 CANTERBURY DRIVE LAKE, WALES FL 33853 TIMBERIANE ROCAD egistered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered office or, (NOTE: Registe FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRES.DENT ☐ Change Addition TITLE TITLE Delete Davio marshall MARGOLIS, ROBERT NAME NAME STREET ADDRESS 25333 CANTERBURY DRIVE STREET ADORESS CITY-ST-7IP CITY-ST-ZIP LAKE WALES FL 33853 Delete TITLE Change ☐ Addition MARGOLIS, KAREN NAME STREET ADDRESS 25333 CANTERBURY DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAKE WALES FL 33853 Change ☐ Addition Delete TITLE MCCULLOCH, ANDRA L NAME NAME STREET ADDRESS **5225 TIMBERLANE ROAD** STREET ADDRESS CITY-ST-ZIP LAKE WALES FL 33853 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE TAYLOR, VINCENT NAME STREET ADDRESS STREET ADDRESS 5225 TIMBERLANE ROAD CITY-ST-ZIP LAKE WALES FL 33853 CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITI F TITLE ☐ Delete

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE TREGINING OFFICER OF DIRECTOR TO Y LOR SECTRO

8/7/00 863-678-3663