2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000009805

1. Entity Name

BOA ERECTORS, INC.



FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90254 039 ***150.00

						GOD WE IT	Ì					
Principal Place of Business 195 49TH STREET W BRADENTON FL 34209			195	Mailing Address 195 49TH STREET W BRADENTON FL 34209								
2. Principal P	lace of Busin	ess	3. Ma	3. Mailing Address								
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State			4.	4. FEI Number 65-0896225			Applied For Not Applicable	
Zip	Country				try 5. Certificate of Status Desire		Certificate of Status Desired		\$9.75 Additional			
6. Name and Address of Current Registered Agent							7. 1	Name and Address of New Regi				
				·	، مص	Name .]	
SHELTON, WILLIAM E				Chan			t Address (P.O. Box Number is Not Acceptable)					
195 49TH STREET-W-				Street Address			SS (P.O. B	sox inumber is not Acceptable)				
	ON FL 342											
e.a						City			FL	Zip Code	e	
8. The above	named entity	Submits this stateme	ent for the purp	ose of changing its	registere	ed office or regis	tered ag	ent, or both, in the State of Florida	a. I am fa	miliar with,	and accept	
	ions of registe			•	-	•	•				·	
SIGNATURE .												
SIGNATURE 2	Signature, typed	or printed name of registered	agent and title if app	olicable. (NOTE	Registere	d Agent signature requ	ired when re	einstating)	DATE			
After	May 1, 200	FEE IS \$150.00 3 Fee will be \$550	00.0					Election Campaign Financ Trust Fund Contribution.	ing		0 May Be	
		Florida Departme										
10.	-	OFFICERS.	AND DIRECTO		11.	т	AD	DDITIONS/CHANGES TO OFFICE				
TITLE NAME	D SHELTON	, WILLIAM E		☐ Delete	TITLE					Change	Addition	
STREET ADDRESS		STREET W			1	ET ADDRESS						
CITY-ST-ZIP		ON FL 34209				-ST-ZIP						
TITLE	D		~	☐ Delete	TITLE					Change	Addition	
NAME	_	, PATRICIA M		_ builde	NAM	1						
STREET ADDRESS		STREET W			STRE	ET ADDRESS						
CITY-ST-ZIP	BRADENT	ON FL 34209			CITY-	-ST-ZIP	_			_		
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CITY-ST-ZIP						-ST-ZIP					}	
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CITY-ST-ZIP					CITY-	-ST-ZIP						
12. Thereby o	ertify that the	information supplied	with this filing	does not qualify for	the exer	mption stated in	Section	119.07(3)(i), Florida Statutes. I fur legal effect as if made under oath	ther certif	y that the in	nformation or director	

of the corporation or the receiver or trustee empowered to execute his report as regulated 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 expowered.

IGNATURE:

| 10-03 | 941-737-9474|

SIGNATURE: