

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011691

1. Entity Name

BOFUS OF VENICE, INC.

Principal Place of Business

107 CORPORATION WAY,STE.C
VENICE FL 34292

Mailing Address

107 CORPORATION WAY,STE.C
VENICE FL 34292

2. Principal Place of Business

7891 ESTATES DR
Suite, Apt. #, etc.

3. Mailing Address

7891 ESTATES DR
Suite, Apt. #, etc.

City & State

NORTH PORT, FL

City & State

NORTH PORT, FL

Zip

Country

34287 U.S.

Zip

Country

34287 US

4. FEI Number

65-0903622

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BETTERTON, GREG A ESQ.
915 S. TAMIAMI TR.
NOKOMIS FL 34275

7. Name and Address of New Registered Agent

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, 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 D ☒ Delete
NAME BATTAGLIA, KARI A
STREET ADDRESS 107 CORPORATION WAY,STE.C
CITY-ST-ZIP VENICE FL 34292

TITLE D ☐ Delete
NAME BARNHARDT, STEVE
STREET ADDRESS 7891 ESTATES DR.
CITY-ST-ZIP NORTH PORT FL 34287

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

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, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90293 008 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

27 Apr 2001 941-426-5337