

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035864

1. Entity Name

BODDORFF INVESTMENTS, INC.

FILED

May 26, 2000 8:00 am
Secretary of State

05-26-2000 90114 019 ***150.00

Principal Place of Business	Mailing Address
LAKE JULIA DRIVE SOUTH PONTE VEDRA BEACH FL 32082	11 LAKE JULIA DRIVE SOUTH PONTE VEDRA BEACH FL 32082-3518

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3571793	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALKER, JAMES V 217 PONTE VEDRA PARK DR, SUITE 200 PONTE VEDRA BEACH FL 32082	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 _____ (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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, JAMES V 217 PONTE VEDRA PARK DR, SUITE 200 PONTE VEDRA BEACH FL 32082	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR THOMAS C. BODDORFF 5610 S. LAKE BURKETT LANE WINTER PARK FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MARJORIE J. BODDORFF 11 LAKE JULIA DRIVE, SOUTH PONTE VEDRA BCH FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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, with all other like empowered.

SIGNATURE: _____ THOMAS C. BODDORFF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 5/4/00 Daytime Phone #: 407-365-0885

CR2E034 (9/99)