

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000035864**

1. Entity Name

**BODDORFF INVESTMENTS, INC.****FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90262 006 \*\*\*150.00

Principal Place of Business

**11 LAKE JULIA DRIVE SOUTH  
PONTE VEDRA BEACH FL 32082**

Mailing Address

**11 LAKE JULIA DRIVE SOUTH  
PONTE VEDRA BEACH FL 32082**

2. Principal Place of Business

3. Mailing Address

**PO BOX 676**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**PONTE VEDRA BEACH, FL**

Zip

Country

Zip

Country

**32004**4. FEI Number **59-3571793**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**C0018296****6. Name and Address of Current Registered Agent****WALKER, JAMES V  
217 PONTE VEDRA PARK DR, SUITE 200  
PONTE VEDRA BEACH FL 32082****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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b>	TITLE	<b>D</b>
NAME	<b>BODDORFF, THOMAS C</b>	NAME	<b>BODDORFF, THOMAS C</b>
STREET ADDRESS	<b>5610 S. LAKE BURKETT LN</b>	STREET ADDRESS	<b>805 HOLLY DRIVE EAST</b>
CITY-ST-ZIP	<b>WINTER PARK FL 32792</b>	CITY-ST-ZIP	<b>ANNAPOLIS, MD 21401</b>
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<b>D</b>	TITLE	
NAME	<b>BODDORFF, MARJRIE J</b>	NAME	
STREET ADDRESS	<b>11 LAKE JULIA DR SO</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**THOMAS C. BODDORFF**

Date

**1/26/01**

Daytime Phone #

**410-349-9392**

CF2E034 (10/00)