

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040186

1. Entity Name

BOMB WEAR, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90232 034 ***150.00

Principal Place of Business

8624 VENEZIA DRIVE SUITE 2415
ORLANDO FL 32810

Mailing Address

8624 VENEZIA DRIVE SUITE 2415
ORLANDO FL 32714-2910

2. Principal Place of Business

1173 CARDINAL CREEK PLACE

Suite, Apt. #, etc.

3. Mailing Address

1173 CARDINAL CREEK PLACE

Suite, Apt. #, etc.

City & State

OVIEDO, FL

City & State

OVIEDO, FL

Zip

32765

Country

SEMINOLE

Zip

32765

Country

SEMINOLE

4. FEI Number

59-3573613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

A.G.C. CO.
200 S ORANGE AVENUE SUITE 2300
ORLANDO FL 32802

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, 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

TITLE ☐ Delete
NAME D BRIGHTMAN, BRUCE M
STREET ADDRESS 8624 VENEZIA DRIVE SUITE 2415
CITY-ST-ZIP ORLANDO FL 32810

TITLE ☐ Delete
NAME D OLIVAN, WILLIAM L (OLIVARI)
STREET ADDRESS 8624 VENEZIA DRIVE SUITE 2415
CITY-ST-ZIP ORLANDO FL 32810

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 1173 CARDINAL CREEK PLACE
CITY-ST-ZIP OVIEDO, FL 32765 Pres. + C.E.O.

TITLE ☒ Change ☐ Addition
NAME OLIVARI
STREET ADDRESS 1173 CARDINAL CREEK PLACE
CITY-ST-ZIP OVIEDO, FL 32765 (NOT OLIVAN AS TYPED IN BOX 11) v.p. Adv. + Design

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS MCCARTNEY, COLLEEN
CITY-ST-ZIP 1173 CARDINAL CREEK PLACE chief oper. officer
OVIEDO, FL 32765

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

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-2000 407-

Date

Daytime Phone #

CR2E034 (9/99)