

2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # P99000045384

1. Entity Name

BO*DIRT II, INC.

FILED
Jun 01, 2000 8:00 am
Secretary of State

05-04-2000 90143 025 ***150.00

Principal Place of Business

2240 BELLEAIR ROAD STE. 160
CLEARWATER FL 33764

Mailing Address

2240 BELLEAIR ROAD STE. 160
CLEARWATER FL 33764-1703

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3584181

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, SANDIP I
2240 BELLEAIR ROAD STE. 160
CLEARWATER FL 33764

7. Name and Address of New Registered Agent

Name

STEVEN W. MOORE

Street Address (P.O. Box Number is Not Acceptable)

2240 Belleair Road

Suite 100

City

Clearwater

FL

Zip Code

33764

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, printed or printed name of registered agent and title if applicable.

STEVEN W. MOORE

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/00

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
STREET ADDRESS MOORE, STEVEN W
CITY-ST-ZIP 2240 BELLEAIR ROAD STE. 160
CLEARWATER FL 33764

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

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
STREET ADDRESS
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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 with all other like empowered.

SIGNATURE:

SIGNATURE AND EXPIRATION PRINTED NAME OF WORKING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)