## 2002 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # P9900045384  1. Entity Name BO*DIRT II, INC.  |   |   |   | Mar 03, 2002 8:00 am<br>Secretary of State<br>03-03-2002 90121 032 ***150.00 |
|--|---|---|---|--|
| Principal Place of Business 50 BAHAMA CIR. TAMPA FL 33606  |   | Mailing Address<br>50 BAHAMA CIR.<br>TAMPA FL 33606 |   |  |
| 2. Principal F   | Place of Business                                       | 3. Mailing Address                                  |   | T I BOOK BULL THE RESID THEFT HERE!  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.                                 | -   | DO NOT WRITE IN THIS SPACE   |
| City & State   |   | City & State  | <u> </u>  | 4. FEI Number 59-3584 181 Applied For Not Applicable                         |
| Zip  | Country   | Zip   | Country   | 5. Certificate of Status Desired   |
|  | 6. Name and Address of Currer                           | nt Registered Agent                                 |   | 7. Name and Address of New Registered Agent                                  |
| MOORE, STEVEN W ESQ<br>8200 BRYAN DAIRY RD., STE 300<br>LARGO FL 33777   |   |   | Street Address  | PART RANCHHOD N  SPO. Box Number is Not Acceptable)  CARCLE                  |
| LANGO F  | L 33///   |   | 0:1   | MPA FL ZBGGG   |
| 8. The above   | named entity submits this statement                     | for the purpose of changing its re                  |   | ered agent, or both, in the State of Florida.                                |
| SIGNATURE .  | Signature, typed or printed name of registered age      | mt and title if applicable. (NOTE: F                | Registered Agent signature require                            | red when reinstating) DATE   |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) |   | After May 1, 2002                                   | FEE IS \$150.00<br>Fee will be \$550.00<br>to Department of S |  |
| 11.  | OFFICERS AN   | D DIRECTORS   | 12.   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | P<br>KHANT, RANCHOD<br>SO BAHAMAS CR.<br>TAMPA FL 33606 | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                         | ☐ Change ☐ Addition  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                         | [] Change [] Addition  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                         | Change Addition  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                         | ☐ Change ☐ Addition  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                         | ☐ Change ☐ Addition  |
| TITLE<br>NAME<br>STREET ADDRESS  | -   | ☐ Delete -  | TITLE NAME STREET ADDRESS                                     | ☐ Change ☐ Addition  |

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP