

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-23-2000 90059 034 ***150.00

DOCUMENT # P99000056109

1. Entity Name

~~FT MYERS INTRODUCTION MANAGEMENT CO.~~
BUSINESS OWNERS SERVICE CORP.

Principal Place of Business

Mailing Address

~~14861 LAGUNA DR.
 FT. MYERS FL 33908~~

~~14801 LAGUNA DR.
 FT. MYERS FL 33908-2101~~

2. Principal Place of Business

3. Mailing Address

8750-11 Gladiolus Dr. Suite 500

PO BOX 07166

Suite, Apt. #, etc.
Suite 500

Suite, Apt. #, etc.

City & State
FT MYERS

City & State
FT MYERS FL

4. FEI Number

05 092 9155

Applied For

Not Applicable

Zip Country
33908-1910 USA

Zip Country
33919 USA

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

~~MOLDOVSKY, NATHAN
 14801 LAGUNA DR.
 FT. MYERS FL 33908~~

Name **NATHAN Moldovsky**
 Street Address (P.O. Box Number is Not Acceptable)
8750-11 Gladiolus Drive
Suite 500
 City **FT MYERS** FL Zip Code **33908-1910**

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 of the individual named as registered agent and title if applicable.

NATHAN MOLDOVSKY

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES VPRES, SECTY, DIRECTOR	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE PRES, V. PRES, SECTY, DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME NATHAN MOLDOVSKY	
STREET ADDRESS 8750-11 Gladiolus Drive	
CITY-ST-ZIP FT MYERS FL 33908-1910	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

NATHAN MOLDOVSKY, PRES.

Date

4/15/00 944 481 1800

Daytime Phone #

CR2E034 (9/99)