

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 11, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000056109**

1. Entity Name  
**BUSINESS OWNERS SERVICE CORP**

Principal Place of Business 8750-11 GLADIOLUS DR. STE 500 FORT MYERS FL 339081910	Mailing Address P O BOX 07166 FORT MYERS FL 33919
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2. Principal Place of Business 8750-11 GLADIOLUS DR. Suite, Apt. #, etc. STE 500	3. Mailing Address Suite, Apt. #, etc.
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City & State FORT MYERS FL	City & State
Zip 339081910	Country

4. FEI Number <b>65-0929155</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

MOLDOVSKY NATHAN  
 8750-11 GLADIOLUS DR.  
 STE 500  
 FORT MYERS FL 339081916

**7. Name and Address of New Registered Agent**

Name  
 MOLDOVSKY NATHAN  
 Street Address (P.O. Box Number is Not Acceptable)  
 8750-11 GLADIOLUS DR.  
 STE 500  
 City  
 FORT MYERS FL Zip Code  
 339081910

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 \_\_\_\_\_ DATE **01/11/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD MOLDOVSKY NATHAN 8750-11 GLADIOLUS DR. #500 FORT MYERS FL 339081910 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD MOLDOVSKY NATHAN PRES. 8750-11 GLADIOLUS DR. #500 FORT MYERS FL 339081910 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:** NATHAN MOLDOVSKY **PRES** **01/11/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)