

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057417

1. Entity Name

BOSCO & GRABBY, INC.



FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90043 016 ***150.00

Principal Place of Business

Mailing Address

8605 N.W. 50 DRIVE

SAME

CORAL SPRINGS, FL 33067

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0940841

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

A0051486

6. Name and Address of Current Registered Agent

DIANA KRAJDA
8605 N.W. 50 DRIVE
CORAL SPRINGS, FL 33067

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

Diana Krajda, Secy
Signature, typed or printed name of registered agent and title if applicable.

DIANA KRAJDA

(NOTE: Registered Agent signature required when reinstating)

4.4.01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES.
STEVE KRAJDA
8605 N.W. 50 DR
CORAL SPRINGS, FL 33067

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECY
DIANA KRAJDA
8605 N.W. 50 DRIVE
CORAL SPRINGS, FL 33067

☐ Delete

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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.4.01

954.755.1366

CR2E034 (11/00)