

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91376 019 \*\*\*150.00

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**DOCUMENT # P99000069652**

1. Entity Name

BOA INTERNATIONAL INCORPORATED



Principal Place of Business

10286 BOCA CIRCLE  
NAPLES FL 34109

Mailing Address

%EDWARD M. LIVINGSTON, ESQ.  
~~P.O. BOX 1599~~  
WINTER PARK FL 32780

2. Principal Place of Business

3. Mailing Address

*963 Trail Terrace Dr.*  
Suite, Apt. #, etc.  
*Naples, FL*

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

34103

Country

US

4. FEI Number

59-3595639

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

LIVINGSTON, EDWARD M

~~628 ELLEN DRIVE~~

~~WINTER PARK FL 32790~~

7. Name and Address of New Registered Agent

Name

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

963 Trail Terrace Drive

City

Naples

FL

Zip Code  
34103

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Edward M. Livingston*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Edward M. Livingston

DATE

*4/14/03*

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT  
NAME BUETTNER, DALE T  
STREET ADDRESS 10286 BOCA CIRCLE  
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

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

TITLE VS  
NAME BUETTNER, WANDA M  
STREET ADDRESS 10286 BOCA CIRCLE  
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*DALE T. BUETTNER*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/17/03*  
Date

*239 5960303*  
Daytime Phone #

CR2E034 (10/02)