

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90015 041 ***150.00

0359299
 AV

DOCUMENT # P99000069694

1. Entity Name
BOOTLE BAY BUILDING, CONTRACTING & CONSTRUCTION
MANAGEMENT SERVICES, INC.

Principal Place of Business **Mailing Address**
327 RIVERSIDE DRIVE **327 RIVERSIDE DRIVE**
PALM BEACH GARDENS FL 33410 **PALM BEACH GARDENS FL 33410**

2. Principal Place of Business **3. Mailing Address**
327 RIVERSIDE DRIVE **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
PALM BEACH GARDENS FL

Zip **Country** **Zip** **Country**
33410 **USA**

4. FEI Number **65-0940607** **Applied For**
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HANNA, TRENT
327 RIVERSIDE DRIVE
PALM BEACH GARDENS FL 33410

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 the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **TRENT HANNA PRESIDENT** **2/11/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 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 | D <input type="checkbox"/> Delete |
| NAME | HANNA, TRENT |
| STREET ADDRESS | 327 RIVERSIDE DRIVE |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 |
| TITLE | HANNA, KELLY - VICEPRES. <input type="checkbox"/> Delete |
| NAME | 327 RIVERSIDE DRIVE |
| STREET ADDRESS | PALM BEACH GARDENS FL 33410 |
| CITY-ST-ZIP | |
| TITLE | SECRETARY - <input type="checkbox"/> Delete |
| NAME | STEVE KASPER |
| STREET ADDRESS | 12351 56th PL. N |
| CITY-ST-ZIP | ROYAL PALM BEACH FL 33411 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------------|--|---|
| 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 | | |
| 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)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate, and that I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 689, 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 persons.

SIGNATURE: **Kelly Hanna VICEPRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 **(561) 626-3449**
Date Daytime Phone #

CR2E034 (9/01)