

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90185 024 ***150.00

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DOCUMENT # P99000071882

1. Entity Name
BOURNE TECHNOLOGIES, INC.



Principal Place of Business
**214 SURF ROAD
MELBOURNE BEACH FL 32951**

Mailing Address
**214 SURF ROAD
MELBOURNE BEACH FL 32951**

2. Principal Place of Business
3975 Wild Pine Lane
Suite, Apt. #, etc.

3. Mailing Address
3975 Wild Pine Lane
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Merritt Island, FL
Zip
32952 Country
USA

City & State
Merritt Island, FL
Zip
32952 Country
USA

4. FEI Number
59-3592642

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ARCE, DENNIS E
214 SURF ROAD
MELBOURNE BEACH FL 32951**

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

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/2/2003
DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ-FALCON, ANTONIO J 4805 SWEET GUM PLACE MELBOURNE FL 32904	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWER, EMILIO J 4812 UNION CYPRESS PLACE MELBOURNE FL 32904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARCE, DENNIS 214 SURF ROAD MELBOURNE FL 32951	<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	D Antonio J. Falcon Revocable Trust dated Nov 14, 2001 4805 Sweet Gum Place Melbourne, FL 32904	<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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/2/2003** Daytime Phone #

CR2E034 (10/02)