

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90079 024 ***150.00

DOCUMENT # P99000072713

1. Entity Name

TABLE BOWLING BY GEORGE, INC.

Principal Place of Business

**400 E. HOWRY AVE. APT. 612
DELAND FL 32724**

Mailing Address

**400 E. HOWRY AVE. APT. 612
DELAND FL 32724**

00012011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**920 HUNTERS CREEK DR.
Suite, Apt. #, etc.
1302**

3. Mailing Address

**920 HUNTERS CREEK DR.
Suite, Apt. #, etc.
1302**

City & State

DELAND FL

City & State

DELAND FL

4. FEI Number **59-3597879**

Applied For

Not Applicable

Zip

32720

Country

Zip

32720

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOVA, GEORGE J.
400 E. HOWRY AVE. APT. 612
DELAND FL 32724**

Name

GEORGE J. BOVA

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

**920 HUNTERS CREEK DR.
APT 1302**

City

DELAND FL.

FL

Zip Code

32720

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

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, 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	PD BOVA, GEORGE J. 400 E. HOWRY AVE. APT. 612 DELAND FL 32724	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BOVA, LOUISE T. 400 E. HOWRY AVE. APT. 612 DELAND FL 32724	<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"/> Change <input type="checkbox"/> Addition
BOVA GEORGE J. A-1302 920 HUNTERS CREEK DR. DELAND FL. 32720	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
BOVA LOUISE T. A-1302 920 HUNTERS CREEK DR. DELAND FL. 32720	
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

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:

George J Bova Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-01
Date

904-734-1957
Daytime Phone #

CR2E034 (10/00)