

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2000 8:00 am
Secretary of State

06-23-2000 90108 042 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000079122

1. Entity Name

BOARDMAN COMMUNICATION STRATEGIES, INC.

Principal Place of Business

Mailing Address

706 S. Bungalow Terrace 706 S. Bungalow Ter.
Tampa, FL 33606 Tampa, FL 33606

2. Principal Place of Business

P. O. Box 2242

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 2242

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33601-2242

Country

USA

Zip

33601-2242

Country

USA

4. FEI Number

59-3604049

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

E. G. Anderson

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

1510 South MacDill

City Tampa

FL

Zip Code 33629

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

E. G. Anderson

E. G. ANDERSON

6-20-00

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, 2000 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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

TITLE	PD	<input type="checkbox"/> Delete
NAME	E. G. Anderson	
STREET ADDRESS	P. O. Box 2242	
CITY-ST-ZIP	Tampa, FL 33601-2242	
TITLE	VD	<input type="checkbox"/> Delete
NAME	S. A. Anderson	
STREET ADDRESS	P. O. Box 2242	
CITY-ST-ZIP	Tampa, FL 33601-2242	
TITLE	STD	<input type="checkbox"/> Delete
NAME	B. A. Carter	
STREET ADDRESS	P. O. Box 2242	
CITY-ST-ZIP	Tampa, FL 33601-2242	<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

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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)(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:

E. G. Anderson

E. G. ANDERSON

6-20-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)