2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079122

1. Entity Name

BOARDMAN COMMUNICATION STRATEGIES, INC.

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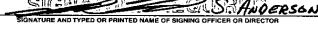
FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90178 032 ***150.00

			GG WE TREE				
Principal Place of Business P.O. BOX 2242 TAMPA FL 33601-2242		Mailing Address P.O. BOX 2242 TAMPA FL 33801-2242					
Principal Place of Business 3. Mailing Address							
Suite, Apt	#, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKIN	G CHANGES		
City & State		City & State		4. FEI Number 59-3604049 Applied For Not Applicable			
Zip Country		y Zìp	Country	5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Addr	ress of Current Registered Agent	1.	7. Name and Address of New Registered			
	or round und redui	eas of Garrett Hegistered Agent	Name		Agent	·	
ANDEDEC	NI E			Name			
ANDERSON, E 1510 SOUTH MACDILL			Street Address	(P.O. Box Number is Not Acceptable)			
TAMPA FI							
IAMPA FI	L 33029					,	
			City	F	L Zip Cod	e	
8. The above the obliga	e named entity submits t tions of registered agen	this statement for the purpose of changing it. it.	s registered office or registe	ered agent, or both, in the State of Florida. I am	familiar with,	and accept	
SIGNATURE	Signature, typed or printed name	ne of registered agent and title if applicable. (NO	TE: Registered Agent signature require	red when reinstating) DATE		<u> </u>	
Afte	FILE NOW!!! FEE IS or May 1, 2003 Fee wi k Payable to Florida	- •		Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees	
10.		OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 11	
TITLE	PD	Delete	TITLE	ABBITIONO/OFFANGLO TO OFFICE IS AN	☐ Change	Addition	
NAME	ANDERSON, E	□ Delete	NAME		☐ Change	L] Addition	
	P.O. BOX 2242		STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33601-22	242	CITY-ST-ZIP			J	
TITLE	VD	Delete					
NAME	ANDERSON, S	L Delete	TITLE NAME		☐ Change	☐ Addition	
STREET ADDRESS	P.O. BOX 2242		STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33601-22	040	CITY-ST-ZIP			ì	
TITLE	STD					- 1 4 PP	
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TITLE		☐ Delete	TITLE		Change	☐ Addition	
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				
		P 1 (1) (2)	CITY-ST-ZIP				
iz. Inereby o	remotinatine intormatio	an supplied with this filing dose not qualify fo	r tha avamption stated in C	ootion 110 07/2\(i) Elorido Statutos I further es	منصباة فمماه بالأذاب	da	

2. 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:



01/10/03

(813)314-6701

Daytime Phone #

CR2E034 (10/02)