## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # \$06088** Apr 04, 2000 8:00 am Secretary of State 1. Entity Name BOESCH ENTERPRISES, INC. 04-04-2000 90021 013 \*\*\*150.00 Mailing Address Principal Place of Business 2536 COUNTRYSIDE BLVD. 2536 COUNTRYSIDE BLVD. CLEARWATER FL 33763-1633 CLEARWATER FL 33763 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3035886 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THORNTON, R. MAURY Street Address (P.O. Box Number is Not Acceptable) 2536 COUNTRYSIDE BLVD SIXTH FLOOR **CLEARWATER FL 34623** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition **PDST** TITLE ☐ Delete TITLE BOESCH, GARY NAME NAME STREET ADDRESS STREET ADDRESS 2536 COUNTRYSIDE BLVD CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 经财政部分 计通 重审學 经国本型基本公司 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 first my significant 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 trust 6 empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver of changed, or on an attachment v

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #