

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90044 015 ***150.00

0620168
 AT

DOCUMENT # S55785

1. Entity Name
BOCAL CORPORATION

Principal Place of Business
P. O. BOX 342
REINHOLDS PA 17569

Mailing Address
P. O. BOX 342
REINHOLDS PA 17569

623087



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|---------------------------------------|---------|---------------------------|---------|--|--|---|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-3066864 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|---|--|--|--|--|--|-----------|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| SACKS, CATHY L. 8027 PEBBLE CREEK LANE WEST PONDE VEDRA BEACH FL 32082 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | | | | |
| | | | | City | | FL | |

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

| | | | | | |
|---|--|---|--|--|--|
| 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
|---|--|---|--|--|--|

| 11. OFFICERS AND DIRECTORS | | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|-----------------------------------|-----------------------------|---------------------------------|--|--|-------|--|--|
| TITLE | DP | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | SACKS, CATHY L. | | | NAME | | | |
| STREET ADDRESS | 8027 PEBBLE CREEK LANE WEST | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | PONTE VEDRA BCH FL | | | CITY-ST-ZIP | 32082 | | |
| TITLE | DV | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | SACKS, ROBERT W. | | | NAME | | | |
| STREET ADDRESS | 8027 PEBBLE CREEK LANE WEST | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | POINTE VEDRA BCH FL | | | CITY-ST-ZIP | 32082 | | |
| TITLE | DT | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | NASS, ROBERT A. | | | NAME | | | |
| STREET ADDRESS | 125 LAUREL RIDGE RD. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | REINHOLDS PA | | | CITY-ST-ZIP | 17569 | | |
| TITLE | S | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | NASS, KERI L | | | NAME | | | |
| STREET ADDRESS | 125 LAUREL RIDGE RD | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | REINHOLDS PA 17569 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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: SIGNATURE REQUIRED **4/3/02** **904-285-4746**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)