

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S98148

1. Entity Name

BOSOM BUDDY, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90114 021 ***150.00

Principal Place of Business

Mailing Address

1110 S.W. 10TH PLACE
CAPE CORAL FL 33991

P O BOX 151517
CAPE CORAL FL 33915-1517



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0300350

Applied For
Not Applicable

Zip

Country

Zip

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

FOSTER, JOANN CLARK
1110 SW 10TH PLACE
CAPE CORAL FL 33991

Name

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

City

FL

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.

(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

TITLE PST
NAME FOSTER, JOANN CLARK
STREET ADDRESS 1110 SW 10TH PLACE
CITY-ST-ZIP CAPE CORAL FL 33991 ☐ Delete

TITLE D
NAME TERRY LYN FESCHAREK
STREET ADDRESS 605 GOODE FERRY RD
CITY-ST-ZIP SOUTH HILL, VA. 23970 ☐ Change ☒ Addition

TITLE D
NAME RICHARD DAVID DOBSON
STREET ADDRESS 708 THEATRE RD
CITY-ST-ZIP SOUTH HILL VA 23970 ☐ Delete

TITLE D
NAME LEA CLARK FOSTER O'BRIEN
STREET ADDRESS 1103 SE 8TH TERR # D
CITY-ST-ZIP CAPE CORAL, FL. 33990 ☐ Change ☒ Addition

TITLE D
NAME LYNN MILES - CPA
STREET ADDRESS 885 SE 47TH TERR
CITY-ST-ZIP CAPE CORAL FL 33904 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Joann Clark Foster (JOANN CLARK FOSTER)

1/24/00

941-458-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #