

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V02023

1. Entity Name

BOSSHARDT PROPERTY MANAGEMENT, INC.

FILED

Apr 19, 2001 8:00 am  
Secretary of State

04-19-2001 90041 013 \*\*\*150.00

Principal Place of Business

2441 NW 43RD STREET  
5B  
GAINESVILLE FL 32606  
US

Mailing Address

2441 NW 43 STREET  
5B  
GAINESVILLE FL 32606  
US

2. Principal Place of Business

5532 NW 43rd St

3. Mailing Address

5532 NW 43rd St

Suite, Apt. #, etc.

Ste A

Suite, Apt. #, etc.

Suite A

City & State

Gainesville, Florida

City & State

Gainesville Florida

Zip

32653

Country

USA

Zip

32653

Country

USA

4. FEI Number

59-3099689

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOULTON, CLAUDE R  
4422 NW 34TH DRIVE  
GAINESVILLE FL 32605

7. Name and Address of New Registered Agent

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, 2001 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPSV  
BOSSHARDT, CAROL  
5542 NW 43 STREET  
GAINESVILLE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01  
Date

(352) 371-6100  
Daytime Phone #

CR2E034 (10/00)