

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90114 028 ***150.00

DOCUMENT # **P02000016154**



1. Entity Name
S. BOYETTE & ASSOCIATES, INC.

Principal Place of Business
**PO BOX 693
SLOCOMB AL 36375**

Mailing Address
**PO BOX 693
SLOCOMB AL 36375**



2. Principal Place of Business
109 DALTON ST.

3. Mailing Address
P.O. Box 661

CHECK HERE IF MAKING CHANGES

City & State
SLOCOMB, AL.

City & State
SLOCOMB, AL.

4. FEI Number
76-0707683

Applied For
 Not Applicable

Zip
36375

Country
U.S.A.

Zip
36375

Country
U.S.A.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**SCOFIELD, ROYCE
6130 BAYLINE DR.
PANAMA CITY FL 32404**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2672 FEROL LANE

City
LYNN HAVEN

FL

Zip Code
32444

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE D. PRESIDENT	<input type="checkbox"/> Delete
NAME BOYETTE, DONNA W	
STREET ADDRESS PO BOX 693	
CITY-ST-ZIP SLOCOMB AL 36375	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D, V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SHERRI L. CARROLL	
STREET ADDRESS P.O. Box 661	
CITY-ST-ZIP SLOCOMB, AL. 36375	
TITLE D, SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CAROL W. SCOFIELD	
STREET ADDRESS 2672 FEROL LANE	
CITY-ST-ZIP LYNN HAVEN, FL. 32444	
TITLE D, TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROYCE SCOFIELD	
STREET ADDRESS 2672 FEROL LANE	
CITY-ST-ZIP LYNN HAVEN, FL. 32444	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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: *Royce Scofield* **ROYCE SCOFIELD** **3/25/03** **(850) 872-1794**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)