

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 13, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 194351**1. Entity Name  
**BOULTON AGENCY, INC.****Principal Place of Business**5900 N. ANDREWS AVE.  
#900  
FT. LAUDERDALE  
33309  
US

FL

**Mailing Address**5900 N. ANDREWS AVE.  
#900  
FT. LAUDERDALE  
33309  
US

FL

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****59-0777858**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**GRAMMIG LAUREL  
401 E. JACKSON ST.  
#1700  
TAMPA  
33602  
FL**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)

**04/13/2001**

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	T	<input type="checkbox"/> Delete
NAME	HENDERSON JIM	
STREET ADDRESS	220 S. RIDGEWOOD AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRAMMIG LAUREL L	
STREET ADDRESS	401 E. JACKSON ST. #1700	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	VS	<input type="checkbox"/> Delete
NAME	TRISTANI ONDINA	
STREET ADDRESS	13720 SW 90TH AVENUE, #H	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FRENCH DAVID A	
STREET ADDRESS	8000 GOVERNORS SQ. BLVD #400	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RILEY THOMAS E	
STREET ADDRESS	5900 N. ANDREWS AVE-#980	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BROWN J. HYATT	
STREET ADDRESS	220 S. RIDGEWOOD AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER CORY T	
STREET ADDRESS	220 S. RIDGEWOOD AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	DVPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAMMIG LAUREL L	
STREET ADDRESS	401 E. JACKSON ST. #1700	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	VPAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONEGAN THOMAS M	
STREET ADDRESS	401 E. JACKSON ST., STE. 1700	
CITY-ST-ZIP	TAMPA FL 33602	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: LAUREL L. GRAMMIG**

DVPS

04/13/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)