

270517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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04/23/14--01007--019 \*\*35.00

FILED  
14 APR 23 PM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BOSWORTH AERIAL SURVEYS, INC.

**DOCUMENT NUMBER:** 270517

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher Robert Gillette

(Name of Contact Person)

Bosworth Aerial Surveys, Inc.

(Firm/Company)

17069 Gulf Pine Circle

(Address)

Wellington, FL 33414

(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher Gillette

(Name of Contact Person)

at ( 561 ) 628-7348

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ALSO I HAVE INCLUDED A COPY OF THE LETTER OF ADMINISTRATION & DEATH CERTIFICATE & MY IDENTIFICATION.

44 APR 23 PM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

FILED

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

BOSWORTH AERIAL SURVEYS, INC.

SECOND: The document number of the corporation (if known): 270517

THIRD: The date dissolution was authorized: APRIL 19, 2014

Effective date of dissolution if applicable: APRIL 23, 2014  
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_  
(voting group)

Signature: \_\_\_\_\_

*Christopher Robert Gillette*

AS PERSONAL REPRESENTATIVE  
TO THE ESTATE OF BARRY DOUGLAS  
BOSWORTH

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

CHRISTOPHER ROBERT GILLETTE

(Typed or printed name of person signing)

PERSONAL REPRESENTATIVE

(Title of person signing)

Filing Fee: \$35

14 APR 2014  
SECRETARY  
TALL  
BOSWORTH  
(SOLE STOCKHOLDER)

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: BOSWORTH AERIAL SURVEYS, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

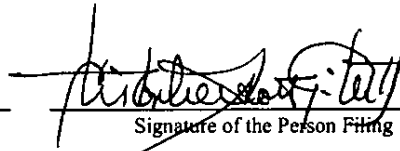
BOSWORTH AERIAL SURVEYS, INC.  
17069 GULF PINE CIRCLE  
WELLINGTON, FL 33414 USA

FILED  
14 APR 23 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

CHRISTOPHER R. GILLETTE

Printed Name of the Person Filing

  
Signature of the Person Filing

AS PERSONAL  
REPRESENTATIVE  
TO THE ESTATE  
OF BARRY DOUGLAS  
BOSWORTH (SOLE  
STOCKHOLDER)

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

IN THE CIRCUIT COURT FOR  
PALM BEACH COUNTY, FLORIDA  
PROBATE DIVISION  
IN RE: ESTATE OF

BARRY DOUGLAS  
BOSWORTH

File No.  
502013CP004400XXXXN  
B

Division II

Deceased.

FILED  
2013 SEP 19 AM 9:22  
SHARON R. BOCK, CLERK  
PALM BEACH COUNTY, FL  
NORTH COUNTY BRANCH

LETTERS OF ADMINISTRATION  
(single personal representative)

TO ALL WHOM IT MAY CONCERN

WHEREAS, Barry Douglas Bosworth, a resident of Palm Beach County, Florida, died on August 25, 2013, owning assets in the State of Florida, and

WHEREAS, Christopher Robert Gillette has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned circuit judge, declare Christopher Robert Gillette duly qualified under the laws of the State of Florida to act as personal representative of the estate of Barry Douglas Bosworth, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

ORDERED in Palm Beach Gardens, Palm Beach County, Florida on 9-19-13  
2013.



STATE OF FLORIDA • PALM BEACH COUNTY

I hereby certify that the foregoing is a true copy as recorded in my office and the same is in full force and effect.

THIS 19 DAY OF Sept, 2013  
SHARON R. BOCK  
CLERK & COMPTROLLER

By [Signature]  
DEPUTY CLERK

[Signature]  
Honorable Krista Marx  
Circuit Judge

## STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

## OFFICE of VITAL STATISTICS

## CERTIFICATION OF DEATH

STATE FILE NUMBER: 2013120790

DATE ISSUED: September 10, 2013

## DECEDENT INFORMATION

STATE FILE DATE: September 5, 2013

NAME: BARRY DOUGLAS BOSWORTH

DATE OF DEATH: August 25, 2013

SEX: MALE

AGE: 069 YEARS

DATE OF BIRTH: July 3, 1944

SSN: 266-82-8058

BIRTHPLACE: WEST PALM BEACH, FLORIDA, UNITED STATES

PLACE WHERE DEATH OCCURRED: NURSING HOME

FACILITY NAME OR STREET ADDRESS: CORAL BAY HEALTHCARE AND REHABILITATION

LOCATION OF DEATH: WEST PALM BEACH, PALM BEACH COUNTY

## SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: NEVER-MARRIED

SPOUSE: NONE

RESIDENCE: 1000 PASEO CASTALLA, WEST PALM BEACH, FLORIDA 33405, UNITED STATES

COUNTY: PALM BEACH

OCCUPATION, INDUSTRY: AERIAL MAPPER, ENGINEERING

RACE: ☒ White ☐ Black or African American☐ Asian Indian☐ Chinese☐ Filipino☐ Native Hawaiian☐ American Indian or Alaskan Native--Tribe:☐ Japanese☐ Korean☐ Vietnamese☐ Guamanian or Chamorro☐ Samoan☐ Other Pacific Isl:☐ Other Asian:☐ Other:☐ Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: SOME COLLEGE, BUT NO DEGREE

EVER IN U.S. ARMED FORCES? YES

## PARENTS AND INFORMANT INFORMATION

FATHER: FRANCIS FISKE BOSWORTH

MOTHER: JESSICA PONDER

INFORMANT: CHRISTOPHER ROBERT GILLETTE

RELATIONSHIP TO DECEDENT: FRIEND

INFORMANT'S ADDRESS: 17069 GULF PINE CIRCLE, WELLINGTON, FLORIDA 33414, UNITED STATES

## PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: PALMS WEST CREMATORY  
ROYAL PALM BEACH, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: JIMMY S. SASSER JR, F045498

FUNERAL FACILITY: NEPTUNE SOCIETY-POMPANO BEACH F064804

3404 N ANDREWS AVE, POMPANO BEACH, FLORIDA 33064

## CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 2300

CERTIFIER'S NAME: JENNIFER E COBY

CERTIFIER'S LICENSE NUMBER: OS11315

NAME OF ATTENDING PHYSICIAN (If other than Certifier): PAUL LIN

## WARNING:

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.  
THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.

REQ: 2014172865