

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 372250

1. Entity Name
LLOYD'S OF BOYNTON BEACH, INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90043 012 ***550.00

Principal Place of Business
314 W. INDUSTRIAL AVENUE
BOYNTON BEACH FL 33426

Mailing Address
314 W. INDUSTRIAL AVENUE
BOYNTON BEACH FL 33426

2. Principal Place of Business

3. Mailing Address

314 W Industrial Ave

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Boynton Bch

City & State

City & State

FL

Zip

Country

Zip

Country

33426

4. FEI Number 59-1309188

Applied For

Not Applicable

6. 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

LINNELL, LLOYD
668 NW 45TH TERR
DELRAY BCH FL 33445

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LINNELL, LLOYD
668 NW 45TH DR
DELRAY BCH FL 33445

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
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STREET ADDRESS
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Change Addition

TITLE
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STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/00
Date

561-732-1802
Daytime Phone #

CR2E034 (5/00)