

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 529904

1. Entity Name

BOYCE EXCAVATING, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90047 026 \*\*\*150.00

Principal Place of Business

U S 1 & PALM DR  
P O BOX 742  
KEY LARGO FL 33037

Mailing Address

U S 1 & PALM DR  
P O BOX 742  
KEY LARGO FL 33037-0742

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1729015

Applied For

Not Applicable

5. 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

BOYCE, MICHAEL  
ROUTE 3, BOX 213  
KEY LARGO FL 33037

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, 2000 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 ☐ Delete

NAME  
PD  
BOYCE, MICHAEL  
STREET ADDRESS  
LARGO ROAD, BOX 742  
CITY-ST-ZIP  
KEY LARGO FL

TITLE ☐ Delete

NAME  
V  
BOYCE, JOHN JAMES, III  
STREET ADDRESS  
P.O. BOX 1818, N/A  
CITY-ST-ZIP  
KEY LARGO FL

TITLE ☐ Delete

NAME  
S  
BOYCE, DEBBIE  
STREET ADDRESS  
P.O. BOX 742 NA  
CITY-ST-ZIP  
KEY LARGO FL

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *x Debbie Boyce*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debbie Boyce

*x Sect.*

1-20-00

Date

305  
451-2274

Daytime Phone #

CR2E034 (9/99)