

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90006 017 ***150.00

DOCUMENT # 549155

1. Entity Name
BOICE FARMS, INC.

Principal Place of Business

Mailing Address

~~C/O COMTECH PROPERTIES~~
 9862 COUNTY RD. 170
 WESTCLIFFE CO 81252
 US

~~C/O COMTECH PROPERTIES~~
 9862 COUNTY RD. 170
 WESTCLIFFE CO 81252
 US

2. Principal Place of Business

3. Mailing Address

C/O Suzanne B. Jack
 Suite, Apt. #, etc.

C/O Suzanne B. Jack
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1772667**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOZART, STEPHEN J
800 N. MAGNOLIA AVENUE, SUITE 1500
ORLANDO FL 32803

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 _____ (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, 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	PTD	<input type="checkbox"/> Delete
NAME	JACK, SUZANNE B	
STREET ADDRESS	9862 COUNTY RD. 170	
CITY-ST-ZIP	WESTCLIFFE CO	
TITLE	V	<input type="checkbox"/> Delete
NAME	PHILLIPS, AUBREY S	
STREET ADDRESS	1487 LONESOME MTN HOLLOW	
CITY-ST-ZIP	CHARLOTTESVILLE VA 22911	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOZARTH, STEPHEN J	
STREET ADDRESS	800 N. MAGNOLIA AVE., #1500	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	S	<input type="checkbox"/> Delete
NAME	JACK, WILLIAM I	
STREET ADDRESS	9862 COUNTY RD. 170	
CITY-ST-ZIP	WESTCLIFFE CO	
TITLE	V	<input type="checkbox"/> Delete
NAME	LINTON, CRAIG JR	
STREET ADDRESS	3584C S.W. QUAIL MEADOW TRAIL	
CITY-ST-ZIP	PALM CITY FL	
TITLE		<input type="checkbox"/> Delete
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		
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: *Suzanne B. Jack*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/01 *719 783-2935*
 Date Daytime Phone #

CR2E034 (10/00)