

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90100 043 \*\*\*150.00

NOTATION AT

**DOCUMENT # 549155**  
 1. Entity Name  
**BOICE FARMS, INC.**

Principal Place of Business Mailing Address  
**C/O SUZANNE B JACK** **C/O SUZANNE B JACK**  
~~9862 COUNTY RD. 170~~ ~~9862 COUNTY RD. 170~~  
**WESTCLIFFE CO 81262** **WESTCLIFFE CO 81252**  
~~US~~ ~~US~~

733158



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**102 Snowy Egret** **P.O. Box 8374**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Amelia Island, FL** **Amelia Island FL**  
 Zip Country Zip Country  
**32034 Nassau** **32035 Nassau**

4. FEI Number **59-1772667** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BOZART, STEPHEN J**  
**800 N. MAGNOLIA AVENUE, SUITE 1500**  
**ORLANDO FL 32803**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <input type="checkbox"/> Delete <b>JACK, SUZANNE B</b> <del>9862 COUNTY RD-170</del> <del>WESTCLIFFE CO</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input type="checkbox"/> Delete <b>PHILLIPS, AUBREY S</b> <b>1487 LONESOME MTN HOLLOW</b> <b>CHARLOTTESVILLE VA 22911</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input type="checkbox"/> Delete <b>BOZARTH, STEPHEN J</b> <b>800 N. MAGNOLIA AVE., #1500</b> <b>ORLANDO FL 32803</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete <b>JACK, WILLIAM I</b> <del>9862 COUNTY RD-170</del> <del>WESTCLIFFE CO</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input type="checkbox"/> Delete <b>LINTON, CRAIG JR</b> <b>3584C S.W. QUAIL MEADOW TRAIL</b> <b>PALM CITY FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. Box 8374</b> <b>Amelia Island, FL 32035</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. Box 8374</b> <b>Amelia Island, FL 32035</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED 1/15/02 904 491-6812  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)