

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90047 040 \*\*\*150.00

**DOCUMENT # 549155**

1. Entity Name  
**BOICE FARMS, INC.**



Principal Place of Business  
**102 SNOWY EGERT  
AMELIA ISLAND FL 32034  
US**

Mailing Address  
**PO BOX 8374  
AMELIA ISLAND FL 32035  
US**

**90006016**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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

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  
**DEAN MEAD SERVICES, LLC**

Street Address (P.O. Box Number is Not Acceptable)

**800 N. Magnolia Ave., Suite 1500**

City **Orlando** **FL** Zip Code **32803**

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. I am familiar with, and accept the obligations of registered agent. By: **Dean, Mead Eberston, Bloodworth, Capouano & Bozarth, P.A., sole member**

SIGNATURE *By Stephen Bozarth* **Steve Bozarth, Vice President** DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	<b>JACK, SUZANNE B</b>	
STREET ADDRESS	<b>PO BOX 8374</b>	
CITY-ST-ZIP	<b>AMELIA ISLAND FL 32035</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>PHILLIPS, AUBREY S</b>	
STREET ADDRESS	<b>1487 LONESOME MTN HOLLOW</b>	
CITY-ST-ZIP	<b>CHARLOTTESVILLE VA 22911</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>BOZARTH, STEPHEN J</b>	
STREET ADDRESS	<b>800 N. MAGNOLIA AVE., #1500</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>JACK, WILLIAM I</b>	
STREET ADDRESS	<b>PO BOX 8374</b>	
CITY-ST-ZIP	<b>AMELIA ISLAND FL 32035</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>LINTON, CRAIG JR</b>	
STREET ADDRESS	<b>3584C S.W. QUAIL MEADOW TRAIL</b>	
CITY-ST-ZIP	<b>PALM CITY FL</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>3850 SW Rivers End Way</b>	
CITY-ST-ZIP	<b>Palm City FL 34990</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Suzanne B. Jack* **1/6/03** **904 491-6812**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)