

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



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

Signature of Stephen J. 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 ☐ Delete
NAME **PTD**
STREET ADDRESS **JACK, SUZANNE B**
CITY-ST-ZIP **PO BOX 8374
AMELIA ISLAND FL 32035**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **PHILLIPS, AUBREY S**
CITY-ST-ZIP **1487 LONESOME MTN HOLLOW
CHARLOTTESVILLE VA 22911**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **BOZARTH, STEPHEN J**
CITY-ST-ZIP **800 N. MAGNOLIA AVE., #1500
ORLANDO FL 32803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **JACK, WILLIAM I**
CITY-ST-ZIP **PO BOX 8374
AMELIA ISLAND FL 32035**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **LINTON, CRAIG JR**
CITY-ST-ZIP **3584C S.W. QUAIL MEADOW TRAIL
PALM CITY FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3850 SW Rivers End Way**
CITY-ST-ZIP **Palm City FL 34990**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Signature of Stephen J. Bozarth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03

Date

904 491-6812

Daytime Phone #

CR2E034 (10/02)