

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 604327

1. Entity Name

BOARDMAN & SPILLER, P.A.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90050 004 ***150.00

Principal Place of Business 1400 15TH STREET NORTH, SUITE 201 PO DRAWER 5250 IMOKALEE FL 33934	Mailing Address 1400 15TH STREET NORTH, SUITE 201 PO DRAWER 5250 IMOKALEE FL 33934
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2. Principal Place of Business 1400 N. 15TH STREET Suite, Apt. #, etc. SUITE 201	3. Mailing Address 1400 N. 15TH STREET Suite, Apt. #, etc. SUITE 201
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City & State IMMOKALEE, FLORIDA	City & State IMMOKALEE, FLORIDA
Zip 34142	Country

4. FEI Number 59-1458116	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BOARDMAN, THOMAS K. 1400 15TH STREET NORTH SUITE 201 IMMOKALEE FL 33934	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOARDMAN, THOMAS K. 1400 15TH ST N SUITE 201 IMMOKALEE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SPILLER, JOHN E. 1400 15TH ST N SUITE 201 IMMOKALEE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: *Thomas K. Boardman* MARCH 27, 2001 (941) 657-4418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)