

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**  
 05-09-2002 90078 033 \*\*\*150.00

0309471  
 AV

**DOCUMENT # 629877**

1. Entity Name

**BOULEVARD TRAVEL CENTER, INC.**

Principal Place of Business

**218 COMMERCIAL BLVD  
 LAUDERDALE-BY-THE-SEA FL 33308  
 US**

Mailing Address

**218 COMMERCIAL BLVD  
 LAUDERDALE-BY-THE-SEA FL 33308  
 US**



2. Principal Place of Business

3. Mailing Address

**410 SHELTON B BUFFERD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**5606 PGA BLVD., STE 113**

City & State

City & State

**PALM BEACH GARDENS, FL**

Zip

Country

Zip

Country

**33418**

**US**

4. FEI Number

**59-1935286**

Applied For

Not Applicable

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

**BUFFERD, SHELTON B  
 5608 PGA BLVD  
 PALM BEACH GARDENS FL 33418**

Name

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

**5606 PGA BLVD., STE 113**

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete  
 NAME **RHOADS, D DEAN**  
 STREET ADDRESS **11465 OLD HARBOUR RD**  
 CITY-ST-ZIP **N PALM BEACH FL**

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

TITLE **PD** ☐ Delete  
 NAME **BUFFERD, SHELTON B.**  
 STREET ADDRESS **5608 PGA BLVD.**  
 CITY-ST-ZIP **PALM BCH GARDENS FL**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **5606 PGA BLVD., STE 113**  
 CITY-ST-ZIP

TITLE **VTSD** ☐ Delete  
 NAME **TARTAKOW, OLIVIA A.**  
 STREET ADDRESS **18 ELGIN LN**  
 CITY-ST-ZIP **PALM BCH GARDENS FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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TITLE ☐ Change ☐ 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/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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)