

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 698657

1. Entity Name  
BOYETT'S VACUUM PUMPING, INC.



Principal Place of Business  
7300 MOBILE HWY  
PENSACOLA FL 32526

Mailing Address  
7300 MOBILE HWY  
PENSACOLA FL 32526

FILED

03 OCT 30 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



**REINSTATEMENT** 03

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2119899

Applied For

Not Applicable

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

BOYETT, LYNN A.  
7300 MOBILE HWY  
PENSACOLA FL 32526

Name

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

000023521510  
10/02/03--01084--007 \*\*750.00

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lynn A. Boyett*

(NOTE: Registered Agent signature required when reinstating)

DATE

10-29-03

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
BOYETT, DEBBIE  
7300 MOBILE HWY  
PENSACOLA FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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BOYETT, LYNN A  
7300 MOBILE HWY  
PENSACOLA FL ☐ Delete

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☐ Change ☐ Addition

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: *Debbie Boyett* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-30-03 850-944-5536

Date Daytime Phone #

CR2E034 (4/03)