## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **841222** May 22, 2000 8:00 am Secretary of State **BOULEVARD CORPORATION** 05-22-2000 90133 011 \*\*\*150.00 Mailing Address Principal Place of Business 2040 CRESCENT DR 2040 CRESCENT DR DELAND FL 32724 **DELAND FL 32724-8309** HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1818480 Not Applicable Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BUSKIRK, VERNA H. Street Address (P.O. Box Number is Not Acceptable) 2040 CRESCENT DR **DELAND FL 32724** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5,00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition ☐ Delete TITLE BUSKIRK, CHARLES R NAME STREET ADDRESS 306 MERCERS FERNERY RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELAND, FL 00000 Change Addition TITLE Delete TITLE NAME BUSKIRK, VERNA H NAME STREET ADDRESS 2040 CRESCENT DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELAND, FL 00000 Addition Delete Change TITLE **BUSKIRK JON** NAME NAME 2040 CRESCENT DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELAND, FL 00000 Change Addition Delete TITLE BUSKIRK, ROBBIN G NAME 306 MERCERS FERNERY RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **DELAND FL** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

3. 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.

URE: Ylling H. Buskick - VICE PRESIDENT 4-2700 904-736.