

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2000 8:00 am**  
**Secretary of State**

07-18-2000 90020 040 \*\*\*550.00

**DOCUMENT # 844166**

1. Entity Name  
**BOYLAN SALES, INC.**

Principal Place of Business  
 607 N MAIN ST  
 P.O. BOX 358  
 PLAINWELL MI 49080-358  
 US

Mailing Address  
 607 N MAIN ST  
 P.O. BOX 358  
 PLAINWELL MI 49080-358  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-0366930**

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

**BOYLAN, LORI**  
**15409 PLANTATION OAKS DR**  
**UNIT 7**  
**TAMPA FL 33647**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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          | V                     | <input type="checkbox"/> Delete |
| NAME           | JOSEPH, OSCAR L       |                                 |
| STREET ADDRESS | 115 DICKENS TRAIL     |                                 |
| CITY-ST-ZIP    | ELGIN IL 60120        |                                 |
| TITLE          | DC                    | <input type="checkbox"/> Delete |
| NAME           | BOYLAN, JAMES C       |                                 |
| STREET ADDRESS | 5880 TRILLIUM TR      |                                 |
| CITY-ST-ZIP    | HARBOR SPRINGS MI     |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | BOYLAN, SARAHANNE     |                                 |
| STREET ADDRESS | 5880 TRILLIUM TR      |                                 |
| CITY-ST-ZIP    | HARBOR SPRINGS MI     |                                 |
| TITLE          | PD                    | <input type="checkbox"/> Delete |
| NAME           | BOYLAN, MICHAEL J     |                                 |
| STREET ADDRESS | 10520 N 17TH ST       |                                 |
| CITY-ST-ZIP    | PLAINWELL MI 49080    |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | BOYLAN, PATRICK T     |                                 |
| STREET ADDRESS | 8170 E BURLEIGH RD    |                                 |
| CITY-ST-ZIP    | GRAND RAPIDS MI 48439 |                                 |
| TITLE          | VSTD                  | <input type="checkbox"/> Delete |
| NAME           | DAVENPORT, JUDY       |                                 |
| STREET ADDRESS | 2272-114TH AVE        |                                 |
| CITY-ST-ZIP    | ALLEGAN MI            |                                 |

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          | D                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | BOYLAN, PATRICK T     |  |
| STREET ADDRESS | 5169 N GEORGETOWN     |  |
| CITY-ST-ZIP    | GRAND BLANC, MI 48439 |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> 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 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: Judy Davenport  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/00 (616) 685-6828  
 Date Daytime Phone #

CR2E034 (5/00)