

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90390 003 ***150.00

US98752

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

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 TRILIUM 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	5169 N GEORGETOWN	
CITY-ST-ZIP	GRAND BLANC 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	PDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Boylan, James C.	
STREET ADDRESS	5880 TRILLIUM TR	
CITY-ST-ZIP	HARBOR SPRINGS, MI	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Boylan, Michael J.	
STREET ADDRESS	10520 N 17TH ST	
CITY-ST-ZIP	PLAINWELL, MI 49080	
TITLE	VD	<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 Judy Davenport

Date: 3/21/01 Daytime Phone #: (616) 685-6828

CR2E034 (10/00)