

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90073 022 \*\*\*150.00

**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**

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 **38-0366930**

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

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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	V	<input checked="" type="checkbox"/> Delete
NAME	JOSEPH, OSCAR L	
STREET ADDRESS	115 DICKENS TRAIL	
CITY-ST-ZIP	ELGIN IL 60120	
TITLE	PDC	<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	VD	<input type="checkbox"/> Delete
NAME	BOYLAN, MICHAEL J	
STREET ADDRESS	10520 N 17TH ST	
CITY-ST-ZIP	PLAINWELL MI 49080	
TITLE	VD	<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	DC	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Boylan, Patrick T	
STREET ADDRESS	27 Terrace Ct	
CITY-ST-ZIP	Plainwell, MI 49080	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Signature Overlaid*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03 (269) 685-6828 Ext 12

Date

Daytime Phone #

CR2E034 (10/02)