

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90095 004 ***150.00

DOCUMENT # F00000005085

1. Entity Name
WILL BOYDEN, INC.

Principal Place of Business
**5731 S. STATE ROAD 7
FORT LAUDERDALE FL 33314**

Mailing Address
**5731 S. STATE ROAD 7
FORT LAUDERDALE FL 33314**

2. Principal Place of Business
4684 NE 8th AVE
Suite, Apt. #, etc.

3. Mailing Address
4684 NE 8th AVE
Suite, Apt. #, etc.

City & State
Pompano Bch, FL.
Zip
33064
Country
Brwd.

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33064
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4. FEI Number **95-3752149**
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GUILD BOYDEN, WILLIS
5731 S. STATE ROAD 7
FORT LAUDERDALE FL 33314**

7. Name and Address of New Registered Agent
Name
GUILD BOYDEN, WILLIS
Street Address (P.O. Box Number is Not Acceptable)
4684 NE 8th AVE
City
Pompano Bch FL Zip Code
33064

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

(NOTE: Registered Agent signature required when reinstating)

2/21/01
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 \$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
CPS GUILD BOYDEN, WILLIS 5731 S. STATE ROAD 7 FORT LAUDERDALE FL 33314	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CPS GUILD BOYDEN, WILLIS 4684 NE 8th AVE Pompano Bch., FL., 33064	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Willis Guild Boyden** **WILLIS GUILD BOYDEN** **2/21/01** **954 785-7476**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/0/00)