

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F38845

1. Entity Name

CALVIN F. BOYLE, INC.

FILED

May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90049 035 \*\*\*150.00

Principal Place of Business

Mailing Address

1822 OLD OKEECHOBEE RD  
W PALM BEACH FL 33409

1822 OLD OKEECHOBEE RD  
W PALM BEACH FL 33409-5228

00045622



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

59-2583422

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

BOYLE, CALVIN F  
3401 PLACE VALENCAY  
DELRAY BEACH FL 33445

MOVED →

Name BOYLE, CALVIN F

Street Address (P.O. Box Number is Not Acceptable)  
9882 S.E. BUTTWOOD WAY

City TEQUESTA,

FL

Zip Code 33469

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

4/1/00

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, 2000 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 DP  
NAME BOYLE, CALVIN F  
STREET ADDRESS 9882 SE BUTTWOOD WAY  
CITY-ST-ZIP TEQUESTA FL 33469 ☐ Delete

TITLE ☒ Change ☒ Addition  
NAME BOYLE, DONNA G  
STREET ADDRESS 9882 S.E. BUTTWOOD WAY  
CITY-ST-ZIP TEQUESTA, FL 33469

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/00 (561) 686-0052  
Date Daytime Phone #

CF-2E034 (9/99)