

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F86619

1. Entity Name

BOXER STATION, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90115 050 ***150.00

Principal Place of Business Mailing Address
 1040 WATER OAK CT NE 1040 WATER OAK CT NE
 ST. PETERSBURG FL 33703 ST. PETERSBURG FL 33703-3135

2. Principal Place of Business 3. Mailing Address
 111 2ND AVE NE 111 2ND AVE NE
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 SUITE 209 SUITE 209

City & State City & State
 ST PETERSBURG FL ST. PETERSBURG FL
 Zip Country Zip Country
 33701 Pinellas 33701 Pinellas



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2205120 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
 HETRICK, SAMUEL Name
 1040 WATER OAK CT NE Street Address (P.O. Box Number is Not Acceptable)
 ST PETERSBURG FL 33703 3027 Key Harbor Dr.
 SAFETY Harbor FL 34695
 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 \$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	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HETRICK, SAMUEL M		NAME		
STREET ADDRESS	1040 WATER OAK CT NE		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33703		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HETRICK, JEAN		NAME		
STREET ADDRESS	1040 WATER OAK CT NE		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33703		CITY-ST-ZIP		
TITLE	HETRICK Samuel	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3027 Key Harbor Dr		NAME		
STREET ADDRESS	SAFETY Harbor FL 34695		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	HETRICK JEAN	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3027 Key Harbor Dr		NAME		
STREET ADDRESS	SAFETY Harbor FL 34695		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(l), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/4/2000 895 2200
 Date Daytime Phone #

CR2E034 (9/99)