

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90136 040 \*\*\*150.00

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**DOCUMENT # F93000005947**

1. Entity Name

**JOHN BOYLE & COMPANY, INCORPORATED**



Principal Place of Business

**1401 OLD DIXIE HWY.  
LAKE PARK FL 33403**

Mailing Address

**PO BOX 791  
STATESVILLE NC 28687  
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

**13-4967040**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DONALD FRANK  
1019 LARCH WAY  
W. PALM BEACH FL 33414**

7. Name and Address of New Registered Agent

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

TITLE	COB	<input type="checkbox"/> Delete
NAME	BELL, JOHN B	
STREET ADDRESS	1803 SALISBURY RD	
CITY-ST-ZIP	STATESVILLE NC 28677	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	FASANO, FRANK	
STREET ADDRESS	1803 SALISBURY RD	
CITY-ST-ZIP	STATESVILLE NC 28677	
TITLE	P	<input type="checkbox"/> Delete
NAME	STELZNER, PAUL	
STREET ADDRESS	1803 SALISBURY RD	
CITY-ST-ZIP	STATESVILLE NC 28677	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JON WILLIAMS,	
STREET ADDRESS	1803 SALISBURY RD	
CITY-ST-ZIP	STATESVILLE NC 28677	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONINE, WALTER	
STREET ADDRESS	1803 SALISBURY RD	
CITY-ST-ZIP	STATESVILLE NC 28677	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robb, Walter E.	
STREET ADDRESS	1803 Salisbury Road	
CITY-ST-ZIP	Statesville NC 28677	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brown, Jeffrey L.	
STREET ADDRESS	1803 Salisbury Road	
CITY-ST-ZIP	Statesville NC 28677	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dorfman, Michael B.	
STREET ADDRESS	1803 Salisbury Road	
CITY-ST-ZIP	Statesville NC 28677	
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		<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:

*Jeffrey L. Brown* **JEFFREY L. BROWN** 04/22/03 7048728151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)