

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G41110

1. Entity Name

JUDY BOITT ENTERPRISES, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90030 006 ***150.00

Principal Place of Business

Mailing Address

1106 W. GRANADA BLVD.
ORMOND BEACH FL 32174
US

1106 W. GRANADA BLVD
ORMOND BEACH FL 32174-5913
US

00003743



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1106 W. GRANADA Blvd

Suite, Apt. #, etc.

ORMOND BEACH

City & State

FLA 32174

3. Mailing Address

1106 W GRANADA Blvd

Suite, Apt. #, etc.

ORMOND Bch

City & State

FLA

4. FEI Number

59-2310970

Applied For

Not Applicable

Zip

32174

Country

Volusia

Zip

32174

Country

Volusia

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

BOITT, JUDY
117 COLINA PLACE
ORMOND BCH FL 32074

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.

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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	BOITT, JUDY	
STREET ADDRESS	117 COLINA PLACE	
CITY-ST-ZIP	ORMOND BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

Judy Boitt JUDY BOITT

12/31/99

Date

904-673-6992

Daytime Phone #