

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G42515**

1. Entity Name
BOYCO, INC.

Principal Place of Business
**5367 ORTEGA BOULEVARD
JACKSONVILLE FL 32210**

Mailing Address
**5367 ORTEGA BOULEVARD
JACKSONVILLE FL 32210**

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 **59-2379407**

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

**BOYD, WILLIAM E.
4366 ROMA BLVD
5367 ORTEGA BLVD
JACKSONVILLE FL 32210**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BOYD-BECKER, RUTH P.	
STREET ADDRESS	4401 LAKESIDE DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BOYD, CT III	
STREET ADDRESS	4414 MCGIRTS BLVD.	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	BOYD, W E	
STREET ADDRESS	4366 ROMA VLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles T. Boyd III	
STREET ADDRESS	4414 MC Girts Blvd	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	V/P/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William E. Boyd	
STREET ADDRESS	4366 Roma Blvd	
CITY-ST-ZIP	Jacksonville FL 32210	
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		

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:

Charles T. Boyd III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHARLES T. BOYD III, PRESIDENT

02/26/01

Date

904-389-6868

Daytime Phone #

CR2E034 (10/00)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90056 024 ***158.75



DO NOT WRITE IN THIS SPACE