

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
 05-16-2002 90029 041 ***150.00

0018481 AV

DOCUMENT # G89950

1. Entity Name
BOYD PLUMBING AND CONSTRUCTION, INC.

Principal Place of Business **Mailing Address**
 C/O DONALD D. BOYD *Albert Villanova* C/O DONALD D. BOYD *Albert Villanova*
 1801 CAROLINA STREET 1801 CAROLINA STREET
 ORMOND BEACH FL 32174 ORMOND BEACH FL 32174



2. Principal Place of Business **3. Mailing Address**
4257 S. PENINSULA DR. *4257 S. PENINSULA DR.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **City & State** **4. FEI Number** **59-2309982** **Applied For**
Daytona Beach FL. *Daytona Beach FL.* **Not Applicable**
Zip **Country** **Zip** **Country** **5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**
32127 *USA* *32127* *USA*

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**
BOYD, DONALD D. **Name**
1801 CAROLINA AVENUE **Street Address (P.O. Box Number is Not Acceptable)**
ORMOND BEACH FL 32174 **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, 2002 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 2001	
TITLE	PT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLANOVA, ALBERT A	NAME	VILANOVA
STREET ADDRESS	4257 SOUTH PENINSULA DR	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32127	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, DONALD D.	NAME	
STREET ADDRESS	1801 CAROLINA AVE	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	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	
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)(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: *Albert A. Villanova* **Albert A. VILANOVA** *4/24/02* *386-295-0403*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)