2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003
Secretary of State

DOCUMENT# H41689

Entity Name: BOYKIN ENTERPRISES, INC.

Current Principal Place of Business:

116 W. CENTER STREET
MINNEOLA, FL 34755

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 38
MINNEOLA, FL 34755

New Mailing Address:

FEI Number: 59-2487747 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYKIN, SARA LOU
116 W. CENTER ST.
MINNEOLA, FL 34755

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BOYKIN, KENNETH C.,
Address: 116 W. CENTER STREET
City-St-Zip: MINNEOLA, FL 34755

Title: VP ( ) Delete
Name: BOYKIN, JEFFREY,
Address: 116 W. CENTER STREET
City-St-Zip: MINNEOLA, FL 34755

Title: T ( ) Delete
Name: BOYKIN, M. KENNETH,
Address: 116 W. CENTER STREEET
City-St-Zip: MINNEOLA, FL 34755

Title: S ( ) Delete
Name: BOYKIN, SARA LOU,
Address: 116 W. CENTER STREEET
City-St-Zip: MINNEOLA, FL 34755

Title: 2VP ( ) Delete
Name: BOYKIN, TERESA L
Address: 116 W CENTR STREET
City-St-Zip: MINNEOLA, FL 34155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESA L. BOYKIN 2VP 01/14/2003
Electronic Signature of Signing Officer or Director Date