

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-29-2001 90010 035 \*\*\*150.00

**DOCUMENT # K26529**

1. Entity Name  
**CONNIE BOYLE REAL ESTATE INC.**

Principal Place of Business Mailing Address  
~~1399 N. OCEANSHORE BLVD~~ ~~1399 N. OCEANSHORE BLVD~~  
**819 N. Oceanshore Blvd** **819 N. Oceanshore Blvd**  
**FLAGLER BEACH, FL 32136** **FLAGLER BEACH, FL 32136**

2. Principal Place of Business 3. Mailing Address  
**819 N. Oceanshore Blvd** **819 N. Oceanshore Blvd**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**FLAGLER BEACH, FL** **FLAGLER BEACH, FL**  
 Zip Country Zip Country  
**32136** **FLAGLER** **32136** **FLAGLER**

4. FEI Number **59-2934401** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
 Fee Required

## 6. Name and Address of Current Registered Agent

**BOYLE, CONNIE**  
~~1399 N. OCEANSHORE BLVD~~ **819 N. Oceanshore Blvd**  
**FLAGLER BEACH FL 32036**

## 7. Name and Address of New Registered Agent

Name **Boyle, Connie**  
 Street Address (P.O. Box Number is Not Acceptable)  
**819 N. Oceanshore Blvd**  
 City **FLAGLER BEACH** **FL** Zip Code **32136**

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 Connie Boyle **CONNIE BOYLE PRES.** 5/24/01  
 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BOYLE, CONNIE	<del>1399 NORTH OCEANSHORE</del> <b>819 N. Oceanshore Blvd</b>	<b>FLAGLER BEACH FL</b>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	Boyle, Connie	<b>819 N. Oceanshore Blvd</b>	<b>FLAGLER BEACH, FL. 32136</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for 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 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: Connie Boyle **CONNIE BOYLE** 5/24/01 904-439-1725  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER (DIRECTOR) Daytime Phone #

CR2E034 (10/00)