## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 21, 2000 8:00 am Secretary of State DOCUMENT # **K88159** 1. Entity Name BOYNTON SAND & GRAVEL, INC. 03-21-2000 90042 017 \*\*\*150.00 Mailing Address Principal Place of Business 7955 STATE RD 7 7955 STATE RD 7 LAKE WORTH FL 33467 LAKE WORTH FL 33467-6716 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0121626 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired **Fee Required** 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WALKER, JOHN J Street Address (P.O. Box Number is Not Acceptable) 7955 STATE ROAD 7 LAKE WORTH 33464 Zip Code FI. 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. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE Change Addition TITLE JOHN WALKER, SR. NAME NAME 7955 STATE RD 7 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE HELEN P. WALKER NAME STREET ADDRESS STREET ADDRESS **7955 STATE RD 7** CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL ☐ Change ☐ Addition Delete TITLE TITLE NICOLE F. QUESNEL NAME NAME STREET ADDRESS **7955 STATE RD 7** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 address, with all other like empowered.

SIGNATURE: 스