

FILED
Jul 14, 2003 8:00 am
Secretary of State

04-28-2003 90998 011 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

55051100

DO NOT WRITE IN THIS SPACE

DOCUMENT # <u>LD200009324</u>			
1. Entity Name <u>Boynton Neptune, LLC</u>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <u>784 Appleby Street</u> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State <u>Boca Raton, FL</u>		City & State	
Zip <u>33487</u>	Country <u>USA</u>	Zip	Country
4. FEI Number <u>01-0669891</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			
7. Name and Address of Current Registered Agent			
Name <u>Andrew O'Brien</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>784 Appleby Street</u>			
City <u>Boca Raton</u>			
State <u>FL</u>			
Zip Code <u>33487</u>			
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Andrew O'Brien</u> <u>784 Appleby Street</u> <u>Boca Raton, FL 33487</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VICE-PRESIDENT</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Craig Earnhart</u> <u>2755 Cardinal Circle</u> <u>Gulfstream, FL 33483</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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12. 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 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Craig Earnhart</u>		4-23-03 5612652220	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

Floyd A. Thomas 3/19/03