

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90020 037 ***150.00

DOCUMENT # L39559

1. Entity Name
JAMES A. BOYKO, P.A.

Principal Place of Business
**6736 OSTEEN RD
 NEW PORT RICHEY FL 34653
 US**

Mailing Address
**6736 OSTEEN RD
 NEW PORT RICHEY FL 34653
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**6545 RIDGE RD
 STE. 3**

3. Mailing Address
**6545 RIDGE RD
 STE. 3**

City & State
**PORT RICHEY, FL.
 Zip 34668 Country USA**

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**PORT RICHEY, FL.
 Zip 34668 Country USA**

4. FEI Number **59-2987051**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BOYKO, JAMES A.
 6736 OSTEEN RD
 NEW PORT RICHEY FL 34653**

7. Name and Address of New Registered Agent
 Name **JAMES A. BOYKO**
 Street Address (P.O. Box Number is Not Acceptable)
6545 RIDGE RD, STE. 3
 City **PORT RICHEY FL** Zip Code **34668**

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 DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D BOYKO, JAMES A. 6736 OSTEEN RD NEW PORT RICHEY FL <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
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	DIRECTOR BOYKO, JAMES A. 6545 RIDGE RD, STE. 3 PORT RICHEY, FL. 34668 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: DATE **4-27-01** (727) 941-6829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10.00)