## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## M17913 **DOCUMENT #**



**FILED** Mar 20, 2003 8:00 am Secretary of State

1. Entity Name BOYKIN FOOD SALES, INC.							03-20-2003 90092 018 ***150.00		
9673 SUNNY ISLE CIRCLE 9673 SU				ng Address SUNNY ISLE CIRCLE A RATON FL 33428					
				PS Address 970654			-		
				e, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State			<i> </i>	Boca Raton, F1.			4. FEI Number 59-2560283 Applied For Not Applicable	<u></u>	
Zip	C 11-	Country		97.0654	USA		5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name			
BOYKIN, JOHN L.						Name			
9673 SUNNY ISLE CIRCLE						t Address (F	P.O. Box Number is Not Acceptable)	1	
BOCA RATON FL 33428								4	
BOOK IN	110H 1 L 33	120							
		( p.	•		City		FL Zip Code	7	
8. The above the obliga	e named entity tions of regist	y submits this sta ered agent.	tement for the purp	ose of changing its	registered office	e or registere	red agent, or both, in the State of Florida. I am familiar with, and accept	1	
SIGNATURE		or printed name of regi	stered agent and title if appl	licable. (NOTE	: Registered Agent si	gnature required	when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State							9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	-	
10.		OFFIC	RS AND DIRECTOR	RS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	$\dashv$	
TITLE NAME	DP BOYKIN, J		_	☐ Delete	TITLE NAME		☐ Change ☐ Addition		
STREET ADDRESS CITY-ST-ZIP		NY ISL CIRCLE ON FL 33428			STREET ADDRES	ss	•	7,000	
TITLE NAME				☐ Delete	TITLE NAME		Change Addition	18	
STREET ADDRESS CITY-ST-ZIP					STREET ADDRES CITY-ST-ZIP	ss			
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STREET ADORESS					STREET ADDRES	s			
CITY-ST-ZIP					CITY-ST-ZIP				

12. Thereby 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

3/17-03

561-445-4543 Daytime Phone #