

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000024401

1. Entity Name
BOYCE, INC.

D/B/A CABINET DESIGN ETC.



FILED

03 APR 29 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business
416 TUDOR DRIVE B 4
CAPE CORAL FL 33904

Mailing Address
416 TUDOR DRIVE B 4
CAPE CORAL FL 33904

2. Principal Place of Business

492 KEENAN CT

3. Mailing Address

492 KEENAN CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT MYERS FL

City & State

FT MYERS FL

4. FEI Number

65-1009172

Applied For

Not Applicable

Zip

33919

Country

LEE

Zip

33919

Country

LEE

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

6. Name and Address of Current Registered Agent

BOYCE, RICHARD
416 TUDOR DRIVE B 4
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name BOYCE, RICHARD A

Street Address (P.O. Box Number is Not Acceptable)

492 KEENAN CT

City

FT MYERS FL

FL

Zip Code

33919

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

Richard A Boyce

3/19/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature 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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	BOYCE, RICHARD A	
STREET ADDRESS	416 TUDOR DR., SUITE B-4	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	BOYCE, RICHARD A	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE:

Richard A Boyce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/03 (239) 826-3838

Date

Daytime Phone #

CR2034 (10/02)

21 4/30