

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90597 042 ***150.00

037705

DOCUMENT # P00000081740

1. Entity Name
THE BOYCE TEAM, INC.

Principal Place of Business
 213 RIGGINS ST.
 LAKELAND FL 33801

Mailing Address
 213 RIGGINS ST.
 LAKELAND FL 33801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2600 S. FLA. AVE
 Suite, Apt. #, etc.

3. Mailing Address
2600 S. FLA. AVE
 Suite, Apt. #, etc.

City & State
Lakeland FL

City & State
Lakeland FL

4. FEI Number
59-367 5558

Applied For
 Not Applicable

Zip
33803

Country
USA

Zip
33803

Country
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

BOYCE, JOHN R
213 RIGGINS ST.
LAKELAND FL 33801

Name **BOYCE JOHN R.**
 Street Address (P.O. Box Number is Not Acceptable)
2600 S. FLA AVE

City **Lakeland 1** **FL** Zip Code **33803**

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 **JOHN R. BOYCE**

John R. Boyce

2/7/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **BOYCE, JOHN R** Delete
 STREET ADDRESS **213 RIGGINS ST.**
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **DPT** Change Addition
 NAME **BOYCE, John R.**
 STREET ADDRESS **2600 S. FLA. AVE**
 CITY-ST-ZIP **Lakeland FL 33803**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **BOYCE Patricia J.**
 STREET ADDRESS **314 W. Palm Dr**
 CITY-ST-ZIP **Lakeland FL 33803**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
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TITLE Change Addition
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TITLE Change Addition
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TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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 an address, with all other like empowered.

SIGNATURE: **JOHN R. BOYCE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John R. Boyce

2/7/01 863-680-3722
 Date Daytime Phone #

CR2E034 (10/00)