

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State
03-13-2002 90015 027 ***150.00

0379374 AV

DOCUMENT # P01000008509

1. Entity Name
BOYNTON AUTO WORKS, INC.

Principal Place of Business

**301 N CONGRESS AVE
BOYNTON BCH FL 33426**

Mailing Address

**301 N CONGRESS AVE
BOYNTON BCH FL 33426**



2. Principal Place of Business

409 N. Railroad Ave

Suite, Apt. #, etc.

3. Mailing Address

409 N. Railroad Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOYNTON BCH, FL

City & State

BOYNTON BCH, FL

4. FEI Number

65-1068443

Applied For

Not Applicable

Zip

Country

33435

USA

Zip

Country

33435

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEEWALD, JEFFREY

**301 N CONGRESS AVE
BOYNTON BCH FL 33426**

7. Name and Address of New Registered Agent

Name

Jeffrey Seewald

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

409 N. Railroad Ave

City

Boynton BCH, FL

FL

Zip Code

33435

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

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, 2002 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 **DPS** ☐ Delete
NAME **FRAZIER, RICHARD III**
STREET ADDRESS **705 NE 7TH AVE**
CITY-ST-ZIP **BOYNTON BCH FL 33435**

TITLE **CVT** ☐ Delete
NAME **SEEWALD, JEFFREY**
STREET ADDRESS **5926 NW 47TH TERR**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Jeffrey Seewald** 3/1/02 561.734.1883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)