

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90142 027 ***150.00

DOCUMENT # P01000038341

1. Entity Name
BONEY, CARR, JOHNSON & DAVIS, INC.

Principal Place of Business
5889 AIRPORT RD.
PORT ORANGE FL 32124

Mailing Address
5889 AIRPORT RD.
PORT ORANGE FL 32124



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5889 AIRPORT ROAD

3. Mailing Address
5889 AIRPORT ROAD

Suite, Apt. #, etc.
SUITE 1307

Suite, Apt. #, etc.
SUITE 1307

City & State
PORT ORANGE, FL

City & State
PORT ORANGE, FL

Zip
32128

Country
FLORIDA

Zip
32128

Country
FLORIDA

4. FEI Number
59-3720786

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CRABTREE, R.R.
CRABTREE & FALLAR, P.A.
8777 SAN JOSE BLVD.
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D BONEY, WALTER T JR
5889 AIRPORT RD.
PORT ORANGE FL 32124

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D CARR, DERRICK G
5889 AIRPORT RD.
PORT ORANGE FL 32124

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D JOHNSON, TIMOTHY E
5889 AIRPORT RD.
PORT ORANGE FL 32124

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D DAVIS, DARICK C
5889 AIRPORT RD.
PORT ORANGE FL 32124

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/02 **386-763-1012**
 Date Daytime Phone #

CR2E034 (9/01)