

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90370 049 ***150.00

DOCUMENT # P01000051350

1. Entity Name
BOSWELL CONSTRUCTION INCORPORATED

Principal Place of Business
**1190 BROOKRIDGE TRACE
 FT. WALTON BEACH FL 32547**

Mailing Address
**1190 BROOKRIDGE TRACE
 FT. WALTON BEACH FL 32547**



2. Principal Place of Business
222 TALQUIN COVE

3. Mailing Address
10859 EMERALD COAST PKWY

Suite, Apt. #, etc.
4-360

City & State
DESTIN, FL

City & State
DESTIN, FL

Zip
32541

Country
USA

Zip
32541

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3743206** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**BOSWELL, NATHAN J
 1190 BROOKRIDGE TRACE
 FT. WALTON BEACH FL 32547**

7. Name and Address of New Registered Agent
 Name **BOSWELL, NATHAN J**
 Street Address (P.O. Box Number is Not Acceptable) **222 TALQUIN COVE**
 City **DESTIN, FL** Zip **32541**

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 *Nathan J. Boswell*
 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.

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 D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOSWELL, NATHAN J		NAME	
STREET ADDRESS 1190 BROOKRIDGE TRACE		STREET ADDRESS	
CITY-ST-ZIP FT. WALTON BEACH FL 32547		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 life empowered.

SIGNATURE: *Nathan J. Boswell* **Nathan J. Boswell** April 9, 2002 650-3915
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)