## 2003 FOR PROFIT CORPORATION

## Apr 11, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P01000051350 **DOCUMENT #** 1. Entity Name 04-11-2003 90207 042 \*\*\*150.00 BOSWELL CONSTRUCTION INCORPORATED Mailing Address Principal Place of Business 222 TALQUIN COVE 10859 EMERMO COAST PKWY DESTIN A 32541 #4-360 DESTIN FL 32541 3. Mailing Address Coast Pkuy ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 59-3743206 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BOSWELL, NATHAN J 222 TALQUIN COVE DESTIN FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OWNER ☐ Addition Delete TITLE TITLE BOSWELL, NATHAN J NAME NAME STREET ADDRESS 1190 BROOKRIDGE TRACE STREET ADDRESS 859. Enerald FT. WALTON BEACH FL 32547 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS\_ CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 is required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachm

**SIGNATURE:** 

850

FILED