

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90326 023 ***150.00

0033089 AV

DOCUMENT # P01000061070

1. Entity Name
BOYLE ENTERPRISES, INC.



Principal Place of Business
**10222 LONE STAR RD
JACKSONVILLE FL 32225**

Mailing Address
**10222 LONE STAR RD
JACKSONVILLE FL 32225**

2. Principal Place of Business

2134 PARK AVE

3. Mailing Address

820 OLIVER ELLSWORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORANGE PARK FL

City & State

ORANGE PARK FL

Zip

32073

Country

CLAY

Zip

32073

Country

CLAY

4. FEI Number

59-3726559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BOYLE, DENNIS
10222 LONE STAR RD
JACKSONVILLE BEACH FL 32250**

7. Name and Address of New Registered Agent

Name **BOYLE, DENNIS**
Street Address (P.O. Box Number is Not Acceptable)

820 OLIVER ELLSWORTH

City **ORANGE PARK**

FL

Zip Code

32073

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BOYLE, DENNIS**
STREET ADDRESS **10222 LONE STAR RD**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **STD** ☐ Delete
NAME **BOYLE, PHILLIS**
STREET ADDRESS **10222 LONE STAR RD**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **BOYLE DENNIS**
STREET ADDRESS **820 OLIVER ELLSWORTH**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **STD** ☒ Change ☐ Addition
NAME **PHYLLIS BOYLE**
STREET ADDRESS **820 OLIVER ELLSWORTH**
CITY-ST-ZIP **ORANGE PARK FL 32073**

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

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

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

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

12. 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 10 or Block 11 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

X 4-29-03.
Date Daytime Phone #

CR2E034 (10/02)