

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

0696152 FP

04-28-2003 91830 023 ***150.00

DOCUMENT # P02000003378

1. Entity Name
MICHAEL C. BOYETTE, P.A.



Principal Place of Business
36751 SR 54 WEST
ZEPHYRHILLS FL 33541-6943

Mailing Address
36751 SR 54 WEST
ZEPHYRHILLS FL 33541-6943



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0559863

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

7. Name and Address of New Registered Agent

BOYETTE, MICHAEL C

~~28237 SR 54 WEST~~

~~WESLEY CHAPEL FL 33543-4207~~

Name

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

36751 SR 54 WEST

City

ZEPHYRHILLS FL

FL

33541-6943

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 *Michael C. Boyette*

MICHAEL C. BOYETTE

1-08-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BOYETTE, MICHAEL C
STREET ADDRESS ~~39153 PARK DRIVE~~
CITY-ST-ZIP ~~ZEPHYRHILLS FL 33540-4691~~

TITLE PVST
NAME
STREET ADDRESS 36751 SR 54 WEST
CITY-ST-ZIP ZEPHYRHILLS, FL 33541-6943

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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: *Michael C. Boyette*

MICHAEL C. BOYETTE 1-8-03 (813) 991-5963

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)