

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90114 028 \*\*\*150.00

**DOCUMENT # P02000016154**

1. Entity Name  
**S. BOYETTE & ASSOCIATES, INC.**



Principal Place of Business  
**PO BOX 693  
SLOCOMB AL 36375**

Mailing Address  
**PO BOX 693  
SLOCOMB AL 36375**



2. Principal Place of Business  
**109 DALTON ST.**

3. Mailing Address  
**P.O. Box 661**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**SLOCOMB, AL**

City & State  
**SLOCOMB, AL**

4. FEI Number  
**76-0707683**

Applied For  
Not Applicable

Zip  
**36375** Country  
**U.S.A.**

Zip  
**36375** Country  
**U.S.A.**

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

**6. Name and Address of Current Registered Agent**

**SCOFIELD, ROYCE  
6130 BAYLINE DR.  
PANAMA CITY FL 32404**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**2672 FEROL LANE**  
City **LYNN HAVEN** FL Zip Code **32444**

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) 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 <b>D. PRESIDENT</b>	<input type="checkbox"/> Delete
NAME <b>BOYETTE, DONNA W</b>	
STREET ADDRESS <b>PO BOX 693</b>	
CITY-ST-ZIP <b>SLOCOMB AL 36375</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE <b>D, V.P.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SHERRI L. CARROLL</b>	
STREET ADDRESS <b>P.O. Box 661</b>	
CITY-ST-ZIP <b>SLOCOMB, AL. 36375</b>	
TITLE <b>D, SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CAROL W. SCOFIELD</b>	
STREET ADDRESS <b>2672 FEROL LANE</b>	
CITY-ST-ZIP <b>LYNN HAVEN, FL. 32444</b>	
TITLE <b>D, TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ROYCE SCOFIELD</b>	
STREET ADDRESS <b>2672 FEROL LANE</b>	
CITY-ST-ZIP <b>LYNN HAVEN, FL. 32444</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **ROYCE SCOFIELD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/25/03** Daytime Phone # **(850) 872-1794**

CR2E034 (10/02)