

2003 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State
02-24-2003 90959 007 ***150.00

DOCUMENT # P02000020386
1. Entity Name
BOYNTON AUTO & GLASS, INC.

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| 2. Principal Place of Business <u>BOYNTON AUTO & GLASS, INC.</u> Suite, Apt. #, etc. <u>905 N. RAILROAD AVE.</u> City & State <u>BOYNTON BEACH, FL</u> Zip <u>33435</u> Country <u>USA</u> | | 3. Mailing Address Suite, Apt. #, etc. <u>905 N. RAILROAD AVE.</u> City & State <u>BOYNTON BEACH, FL</u> Zip <u>33435</u> Country <u>USA</u> | |
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| 4. FEI Number <u>02-0557870</u> | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 7. Name and Address of Current Registered Agent Name <u>ROGER LAWLER</u> Street Address (P.O. Box Number is Not Acceptable) <u>905 N. RAILROAD AVE.</u> City <u>BOYNTON BEACH</u> <u>FL</u> Zip Code <u>33435</u> | |

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 [Signature] Pres. 1-28-03
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. (See criteria on back) <input type="checkbox"/> | January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|--|

| 11. OFFICERS AND DIRECTORS | | | |
|--|---|--|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>PRES./DIRECTOR</u> <u>ROGER LAWLER</u> <u>905 N. RAILROAD AVE.</u> <u>BOYNTON BEACH, FL 33435</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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 on an attachment with an address with all other like empowered.

SIGNATURE: [Signature] Pres. 1-28-03 561-736-5485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)