

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90430 014 ***150.00

DOCUMENT # P02000090225

1. Entity Name
BOYNTON PALMS CORP.



Principal Place of Business
**6044 NW 66TH WAY
PARKLAND FL 33067**

Mailing Address
**6044 NW 66TH WAY
PARKLAND FL 33067**

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

01-0742071

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MATHEWS, GEORGE W III, ESQ~~
~~1325 SO. CONGRESS AVENUE SUITE 104~~
~~BOYNTON BEACH FL 33426~~

Name

PAVLIK, MITCHELL R.

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

6044 N.W. 66TH WAY

City

PARKLAND

FL

Zip Code
33067

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 the registered agent.

SIGNATURE **MITCHELL R. PAVLIK, PRESIDENT**

1-7-03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

PAID CK# 1007 1-9-03

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> Delete PD PAVLIK, MITCHELL 6044 NW 66TH WAY PARKLAND FL 33067		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete VTSD PAVLIK, DONALD 6044 NW 66TH WAY PARKLAND FL 33067		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VTSD PAVLIK, DONALD 3758 N.W. 4TH COURT BOCA RATON, FLORIDA 33431
	<input type="checkbox"/> Delete 		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete 		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete 		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete 		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete 		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **MITCHELL R. PAVLIK, PRES.** **1-7-03** **561 860-9456**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E034 (10/02)