

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90196 050 ***150.00

DOCUMENT # P02000102344

1. Entity Name
FRED BOYETT ENTERPRISES, INC.



Principal Place of Business
4420 N. UNIVERSITY DRIVE
LAUDERHILL FL 33351

Mailing Address
4420 N UNIVERSITY DRIVE
LAUDERHILL FL 33351



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

990 NW 67 Ave

Suite, Apt. #, etc.

990 NW 67 Ave

City & State

MARGATE, Florida

City & State

MARGATE, FL

Zip

33063

Country

USA

Zip

33063

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

52-2383840

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BOYETT, FRED L
4420 N. UNIVERSITY DRIVE
LAUDERHILL FL 33351

7. Name and Address of New Registered Agent

Fred L Boyett
990 NW 67 Ave

MARGATE

FL

Zip Code 33063

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 *Fred L Boyett* **Fred L. Boyett** **1/9/03**

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 **BOYETT, FRED L**
STREET ADDRESS **4420 N. UNIVERSITY DRIVE**
CITY-ST-ZIP **LAUDERHILL FL 33351**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: *Fred L Boyett* **Fred L. Boyett** **1/9/03** **954-881-4363**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

CR2E034 (10/02)