

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90222 045 \*\*\*158.75

**DOCUMENT # P38257**

1. Entity Name

**BOYKEN INTERNATIONAL, INC.**

Principal Place of Business

**6700 FORUM DR.  
STE 110  
ORLANDO FL 32321  
US**

Mailing Address

**8800 ROSWELL RD  
STE 270  
ATLANTA GA 30346  
US**

2. Principal Place of Business

**4901 Vineland Road**

3. Mailing Address

**8800 Roswell Road**

Suite, Apt. #, etc.

**Suite 350**

Suite, Apt. #, etc.

**Suite 270**

City &amp; State

**Orlando, FLORIDA**

City &amp; State

**Atlanta, Georgia**

Zip

**32811**

Country

**USA**

Zip

**30350**

Country

**USA**

4. FEI Number

**58-1418831**

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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, 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) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>PCD</b>	<input type="checkbox"/> Delete
NAME	<b>BOYKEN, DONALD R</b>	
STREET ADDRESS	<b>535 AVIGNON COURT</b>	
CITY-ST-ZIP	<b>DUNWOODY GA 30350</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>LEBAR, TIMOTHY B</b>	
STREET ADDRESS	<b>13105 LAKE BUTLER DRIVE</b>	
CITY-ST-ZIP	<b>WINDERMERE FL 34786</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ORNDORFF, CAROL</b>	
STREET ADDRESS	<b>1438 HAMPTON GLEN CT</b>	
CITY-ST-ZIP	<b>DECATUR GA</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>HARRISON, JIM</b>	
STREET ADDRESS	<b>5525 KENMORE DR.</b>	
CITY-ST-ZIP	<b>ALPHARETTA GA 30004</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James A. Harrison**

Date

**1/4/01 (770) 992-3210**

Daytime Phone #

CR2E034 (10/00)