

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

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90017 037 ***158.75

DOCUMENT # P38257

1. Entity Name

Boyken International, Inc.

DO NOT WRITE IN THIS SPACE

425620

2. Principal Place of Business

Suite 350

3. Mailing Address

Suite 350

Suite, Apt. #, etc.

4901 Vineland Road

Suite, Apt. #, etc.

4901 Vineland Road

City & State

Orlando Florida

City & State

Orlando, Florida

4. FEI Number

58-1418831

Applied For

Not Applicable

Zip

32811

Country

USA

Zip

32811

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

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) ☐

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PCD
Boyken, Donald R
535 Avignon Court
Doraville, GA 30350

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD
LeBar, Timothy B.
13105 Lake Butler Drive
Windermere, FL 34786

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S
Orndorff, Carol
1438 Hampton Glen Court
Decatur, GA

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD
Harrison, Jim
5525 Kennemore Drive
Alpharetta, GA 30004

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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NAME

STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-02

Date

(770)992-3210

Daytime Phone #

CR2E034B (12/01)