

# 2000 UNIFORM BUSINESS REPORT (UBR)

6

FILED

Jul 21, 2000 8:00 am  
Secretary of State

07-21-2000 90149 002 \*\*\*400.00  
06-22-2000 90050 045 \*\*\*150.00

DOCUMENT # P95000096431

1. Entity Name

D.C. BOARDMAN INC.

Principal Place of Business

Mailing Address

5634 S.R. 80 W  
ALVA FL 33920  
US

5634 S.R. 80 W.  
ALVA FL 33920  
US

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 65-0633478

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

BOARDMAN, PAULINE M.  
5634 S.R. 80 W.  
ALVA FL 33920

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOARDMAN, PAULINE	NAME	
STREET ADDRESS	5634 S.R. 80 W.	STREET ADDRESS	
CITY-ST-ZIP	ALVA FL	CITY-ST-ZIP	
TITLE	V	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOARDMAN, PAULINE M.	NAME	
STREET ADDRESS	5634 S.R. 80 W.	STREET ADDRESS	
CITY-ST-ZIP	ALVA FL	CITY-ST-ZIP	
TITLE	S	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOARDMAN, DIANN L.	NAME	
STREET ADDRESS	5634 S.R. 80 W.	STREET ADDRESS	
CITY-ST-ZIP	ALVA FL	CITY-ST-ZIP	
TITLE	T	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOARDMAN, BRIAN C.	NAME	
STREET ADDRESS	5634 S.R. 80 W.	STREET ADDRESS	
CITY-ST-ZIP	ALVA FL	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	M BOARDMAN, DAMON C
STREET ADDRESS		STREET ADDRESS	5634 S.R. 80 W.
CITY-ST-ZIP		CITY-ST-ZIP	ALVA, FL 33920
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

Date

Daytime Phone #