


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90037 028 ***150.00

DOCUMENT # P96000002351	
1. Entity Name BOYNTON FINANCIAL CORP.	

Principal Place of Business 1016 SWAMSEA A DEERFIELD BEACH, FL 33442	Mailing Address 1016 SWAMSEA A DEERFIELD BEACH, FL 33442
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54015573

2. Principal Place of Business		3. Mailing Address 1016 SWAMSEA A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02202004 Chg-P CR2E034 (10/03)

4. FEI Number 13-3168515		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GROSSMAN, ABE 1016 SWAMSEA A DEERFIELD BEACH, FL 33442		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPT STRYKER, MARTIN 20 DEVONSHIRE ROAD PLAINVIEW, NY 11803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GROSSMAN, ABE 1016 SWAMSEA A DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1016 SWAMSEA A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: ABE Grossman 3/4/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Division of Corporations

54015573

Annual Report

Payment Page

Document Tracking # - 400028681864
For
Corporate Annual Report # **P96000002351**

The charge amount for your filing is \$150.00.

Payment

If you experience a problem during the payment process and do not receive your final acknowledgement from the Division of Corporations, please contact our help desk at (850) 245-6939.

When you receive your final acknowledgement, your document will be processed within 48 hours.

When your document is filed, we will mail any requested documents to the return address listed on the form.

Please select one of the payment options listed below.

Credit Card Payment

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Sunbiz E-file account number
Password
E-mail Address

Sunbiz E-file Account Payment

Reset

If you enter an account number and password and press the 'Sunbiz E-file Account Payment' button from this screen, your account will be charged.

Please Note

If you have used the browser 'BACK' button to get to this page, you should use the browser 'FORWARD' button to move to the next page.



Division of Corporations

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Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: **P96000002351**

Tracking Number: **400028681864**

The charge for your Annual Report is
\$150.00

If you want to review your document, use the browser back button to return to page 1 of the data entry. Use the browser forward button to come back to this page.

If you need to make a change, you must return to the Document Number page and start over. A new tracking number will be assigned.

If you have any questions, please contact our help desk at (850) 245-6939.

To proceed to pay for the Annual Report, press the CONTINUE button below.

By pressing the CONTINUE button, your Annual Report will be placed in processing and no additional Annual Reports may be filed for this corporation until this one is processed.

Continue

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Attachment
Division of Corporations

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Annual Report

Page 1

Document Number

P96000002351

Business Entity Name

BOYNTON FINANCIAL CORP.

FEI Number

133168515

FEI Number Status ☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address

1016 SWANSEA A

Suite, Apt. #, etc.

City, State

DEERFIELD BEACH

FL

Zip Code & Country

33442

Mailing Address

Address

1016 SWANSEA A

Suite, Apt. #, etc.

City, State

DEERFIELD BEACH

FL

Zip Code & Country

33442

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

GROSSMAN

ABE

-or- RA Business Name

Address

1016 SWANSEA A

Suite, Apt. #, etc.

City, State

DEERFIELD BEACH

FL

Zip Code & Country

33442

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



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Document Number

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Business Entity Name

BOYNTON FINANCIAL CORP.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title PVPT
Name (Last, First, Middle, Title) STRYKER MARTIN
-or- Entity Name
Street Address 20 DEVONSHIRE ROAD
City, State PLAINVIEW, NY
Zip Code & Country 11803

Title PS
Name (Last, First, Middle, Title) GROSSMAN ABE
-or- Entity Name
Street Address 1016 SWANSEA A
City, State DEERFIELD BEACH, FL
Zip Code & Country 33442

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

PVPT

Officer/Director Signature

ABE GROSSMAN

Continue

Reset

Start Over

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