

2001 UNIFORM BUSINESS REPORT (UBR)

CS60608

DOCUMENT # P96000044119

1. Entity Name

SUE BOYES & ASSOCIATES, INC.

FILED

02 FEB 14 PM 1:14

Principal Place of Business

4175 EAST BAY DRIVE
SUITE 215
CLEARWATER FL 33764

Mailing Address

4175 EAST BAY DRIVE
SUITE 215
CLEARWATER FL 33764

2. Principal Place of Business

3600 5th Ave. North

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, Florida

City & State

[Handwritten Signature]

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DATE OF FILING: 02 FEB 14

4. FEI Number 59-3385489

Exempt Fee
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOYES, SUE
4175 EAST BAY DRIVE
SUITE 215
CLEARWATER FL 33764

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers 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

Sue Boyes, President

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 Corporation Filing Fee
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PTD	☐ Delete
NAME	BOYES, SUE E	
STREET ADDRESS	4175 EAST BAY DRIVE #215	
CITY - ST - ZIP	CLEARWATER FL 33764	
TITLE	SD	☐ Delete
NAME	BOYES, WILL W	
STREET ADDRESS	4175 EAST BAY DRIVE #215	
CITY - ST - ZIP	CLEARWATER FL 33764	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME	000005065140--5	
STREET ADDRESS	-03/07/02--01073--001	
CITY - ST - ZIP	***150.00 ***150.00	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ 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)(d), Florida Statutes. I further certify that the information indicated in 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:

[Handwritten Signature]

Sue Boyes, President FEB 4, 2002 (727) 409-1602

CR2E034 (10-00)