

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90601 009 ***150.00

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DOCUMENT # P96000056668

1. Entity Name

BOYLE & DRAKE, INC.



Principal Place of Business

**888 DAHLIA LANE
VERO BEACH FL 32963**

Mailing Address

**888 DAHLIA LANE
VERO BEACH FL 32963**

2. Principal Place of Business

3305 FLAMINGO DRIVE
Suite, Apt. #, etc.

3. Mailing Address

3305 FLAMINGO DRIVE
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
VERO BEACH FL
Zip
32963
Country
USA

City & State
VERO BEACH FL
Zip
32963
Country
USA

4. FEI Number

65-0695555

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BERG, PAUL R
2770 INDIAN RIVER BLVD. STE 501
VERO BEACH FL 32960**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
BOYLE, STEPHEN J
888 DAHLIA LANE
VERO BEACH FL 32963** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
DRAKE, PAUL P
888 DAHLIA LANE
VERO BEACH FL 32963** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/03 782-234-1303

CR2E034 (10/02)