

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000077095

1. Entity Name

BOYKIN-FERRIS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90393 014 ***150.00

Principal Place of Business

Mailing Address

5358 CAMILLE AVE
JACKSONVILLE FL 32210
US

5358 CAMILLE AVE
JACKSONVILLE FL 32210-8061
US

2. Principal Place of Business

5775 Timuquana Road
Suite, Apt. #, etc.

3. Mailing Address

5775 Timuquana Road
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3401898

Applied For

Not Applicable

Zip

32210

Country

USA

Zip

32210

Country

USA

5. Certificate of Status Desired

☐

\$8.75-Additional
Fee Required

6. Name and Address of Current Registered Agent

HAYES, DENNIS E
233 E BAY STREET STE 620
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

Same

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

TITLE **D**
NAME **FERRIS, HELEN B**
STREET ADDRESS **5358 CAMILLE AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32210 -7428**
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **@ Ferris, Helen B**
NAME **4509 Ortega Farms Circle**
STREET ADDRESS **Jacksonville, FL 32210-7428**
CITY-ST-ZIP
☒ Change ☐ Addition

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

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

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

4/20/00 (904) 317-2888
Date Daytime Phone #