

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000009015

1. Entity Name

BOCA MANAGEMENT SERVICES, INC.

FILED
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90006 013 ***550.00

0078991 AV

Principal Place of Business

1301 WEST NEWPORT CENTER DRIVE
DEERFIELD BEACH FL 33442

Mailing Address

1301 WEST NEWPORT CENTER DRIVE
DEERFIELD BEACH FL 33442



2. Principal Place of Business

5342 Boca Marina Circle No.

Suite, Apt. #, etc.

3. Mailing Address

5342 Boca Marina Circle No.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

65-0728804

Applied For

Not Applicable

Zip

33487

Country

USA

Zip

33487

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVITT, DREW M

1301 WEST NEWPORT CENTER DRIVE
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Leslie McKnight

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

5342 Boca Marina Circle No.

Boca Raton

FL

Zip Code 33487

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

Leslie McKnight (Leslie McKnight)

7/31/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 PSTD
NAME MCKNIGHT, N P
STREET ADDRESS 1301 WEAST NEWPORT CTR. DR.
CITY-ST-ZIP DEERFIELD BEACH FL 33444

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 5342 Boca Marina Circle No.
CITY-ST-ZIP Boca Raton, FL 33487

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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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)(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 of the above empowered.

SIGNATURE:

REQUIRED

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N. Philip McKnight

DATE

7/31/01

Daytime Phone #

561-241-8188

CR2E034 (5/01)