

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90198 033 ***150.00

0369003 AV

DOCUMENT # P97000046878

1. Entity Name

DENNIS M. BOYCE, P.A.

Principal Place of Business

Mailing Address

~~631 U.S. HIGHWAY ONE #404~~
~~NORTH PALM BEACH FL 33408~~

~~631 U.S. HIGHWAY ONE #404~~
~~NORTH PALM BEACH FL 33408~~

2. Principal Place of Business

3. Mailing Address

675 WEST INDIANTOWN RD
SUITE # 103

675 WEST INDIANTOWN RD
SUITE # 103

JUPITER FL

JUPITER FL

Zip 33458 Country PALM BEACH

Zip 33458 Country PALM BEACH



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0807258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOYCE, DENNIS M

~~631 U.S. HIGHWAY ONE #404~~
~~NORTH PALM BEACH FL 33408~~

BOYCE, DENNIS M.

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

675 W. INDIANTOWN ROAD # 103

City JUPITER

FL

Zip Code 33458

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 date 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D BOYCE, DENNIS M**
STREET ADDRESS **6520 PINELOCH COURT**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE ☐ Change ☐ Addition
NAME **BOYCE, DENNIS M.**
STREET ADDRESS **675 W INDIANTOWN RD**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)