

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000089843

1. Entity Name

BOARDMAN'S, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90205 030 ***150.00

Principal Place of Business

Mailing Address

~~5031 HIATUS ROAD~~
~~SUNRISE FL 33351-0010~~

~~5031 HIATUS ROAD~~
~~SUNRISE FL 33319 3128~~

2. Principal Place of Business

7346 W. COMMERCIAL BLVD.

3. Mailing Address

7346 W. COMMERCIAL BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAUDERHILL, FLORIDA

City & State

LAUDERHILL, FLORIDA

Zip

33319

Country

Zip

33319

Country

4. FEI Number

65-0798427

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

ANDERSON, MICHAEL
~~5031 N. HIATUS ROAD~~
~~SUNRISE FL 33351-0010~~

ANDERSON, MICHAEL
7346 W. COMMERCIAL BLVD.
LAUDERHILL, FL 33319

Name

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	PT	<input type="checkbox"/> Delete
NAME	ANDERSON, MICHAEL O	
STREET ADDRESS	5031 N. HIATUS RD 7346 W. COMMERCIAL BLVD.	
CITY-ST-ZIP	SUNRISE FL 33351 LAUDERHILL, FL 33319	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ANDERSON, DEBORAH B	
STREET ADDRESS	5031 N. HIATUS RD 7346 W. COMMERCIAL BLVD.	
CITY-ST-ZIP	SUNRISE FL 33351 LAUDERHILL, FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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]* MICHAEL O. ANDERSON

JANUARY 20, 2000 (954)747-8716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #