2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
05-01-2001 90056 013 ***150.00

754588

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000000680

1. Entity Name
BOYDS LDS BOOKS, INC.

Principal Place of Business	Mailing Address
~~4888 S KIRKMAN RD~~ ~~ORLANDO FL 32811~~ No	2681 FLORENCE ST ORLANDO FL 32818

2. Principal Place of Business		3. Mailing Address	
8905 CONROY RD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ORLANDO, FL.		City & State	
Zip: 32835	Country: USA	Zip	Country

4. FEI Number 59-3484851 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOYD, WILLIAM H
2681 FLORENCE ST
ORLANDO FL 32818

7. Name and Address of New Registered Agent

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	O BOYD, ANNE P 2681 FLORENCE ST ORLANDO FL 32818 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, WILLIAM H. 2681 FLORENCE ST ORLANDO, FL 32818 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME 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: William H Boyd WILLIAM H. BOYD 04-25-01 407 909-9150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)