

2000 UNIFORM BUSINESS REPORT (UBR)

1/

DOCUMENT # P98000064113

1. Entity Name

BOSWELL BUILDERS & SONS, INC.

FILED

May 16, 2000 8:00 am
Secretary of State

01-29-2000 90018 040 ***150.00

Principal Place of Business Mailing Address
10859 Emerald Coast Pkwy
#4-360
SHALIMAR FL 32579 DESTIN, FL 32541
P.O. BOX 766
SHALIMAR FL 32579

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

59-3562361
APPLIED FOR

Applied For

Not Applied For

4. FEI Number

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

PLEAT, DAVID B
4477 LEGENDARY DRIVE, SUITE 202
DESTIN, FL 32541

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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME BOSWELL, JOHNNY
STREET ADDRESS P.O. BOX 766 N/A
CITY-ST-ZIP SHALIMAR FL 32579
10859 Emerald Coast Pkwy
#4-360
Destin, FL 32541

☐ Delete

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

TITLE D
NAME BOSWELL, NATHAN JOHN
STREET ADDRESS P.O. BOX 766 N/A
CITY-ST-ZIP SHALIMAR FL 32579
10859 Emerald Coast Pkwy
#4-360
Destin, FL 32541

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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:

Johnny Boswell Johnny Boswell Nathan J. Boswell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Nathan John Boswell
Date 1-21-00 Daytime Phone 850-650-1111