

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91906 049 ***150.00

0063351 AV

DOCUMENT # P98000064113

1. Entity Name
BOSWELL BUILDERS & SONS, INC.



Principal Place of Business

215 REGATTA BAY BLVD
DESTIN FL 32554

Mailing Address

10859 EMERALD COAST PARKWAY
4-360
DESTIN FL 32550

2. Principal Place of Business

12889 Emerald Coast Pkwy

3. Mailing Address

Suite, Apt. #, etc.
#4-360

City & State

Destin, FL

Zip

32550

6. Name and Address of Current Registered Agent

BOSWELL, JOHNNY

10859 EMERALD COAST PARKWAY

#4-360

DESTIN FL 32550

4. FEI Number

59-3562361

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☐ **CHECK HERE IF MAKING CHANGES**



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election, Campaign Financing Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOSWELL, JOHNNY	
STREET ADDRESS	10859 EMERALD COAST PARKWAY 4-360	
CITY-ST-ZIP	DESTIN FL 32550	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BOSWELL, NATHAN JOHN	
STREET ADDRESS	10859 EMERALD COAST PARKWAY 4-360	
CITY-ST-ZIP	DESTIN FL 32550	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOSWELL, RYAN	
STREET ADDRESS	10859 EMERALD COAST PARKWAY 4-360	
CITY-ST-ZIP	DESTIN FL 32550	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

JOHNNY BOSWELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

8506503915

Daytime Phone #

CR2E034 (10/02)