

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90368 040 ***150.00

DOCUMENT # P98000022811

1. Entity Name

RDS OF BOYNTON, INC.



DO NOT WRITE IN THIS SPACE

14004460

2. Principal Place of Business

DELRAY BEACH, FLA.

Suite, ~~Room~~

48

3. Mailing Address

7431 W. ATLANTIC AVE

Suite, ~~Room~~

SUITE 48

City & State

DELRAY BEACH, FLA.

City & State

DELRAY BEACH, FLA.

Zip

33446

Country

PALM BEACH

Zip

33446

Country

PALM BEACH

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name ELI LEVY % RDS of Boynton, Inc.

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

7431 W. ATLANTIC AVE

City DELRAY BEACH

FL

Zip Code

33446

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 Eli Levy ELI LEVY

4-13-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME DONNA LEVY P
STREET ADDRESS 4892 N. CITATION DRIVE APT 106
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE
NAME BETTY JANE LEVY
STREET ADDRESS 8329 BERMUDA SOUND WAY
CITY-ST-ZIP ROYNTON BEACH FL 33436

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Donna Levy President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-04

Date

561 496-1339

Daytime Phone #

CR2E034B (12/02)