

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90276 003 ***150.00

DOCUMENT # **P98000072811**

1. Entity Name
RDS OF BOYNTON INC.



DO NOT WRITE IN THIS SPACE

11013848

2. Principal Place of Business
7431 W. ATLANTIC AVE

3. Mailing Address
7431 W. ATLANTIC AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

48

48

City & State
DELRAY BEACH FLORIDA

City & State
DELRAY BEACH, FLORIDA

4. FEI Number
65-0858982

Applic For
Not Applicable

Zip
33446

Country
PAIM BEACH

Zip
33446

Country
PAIM BEACH

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ELI LEVY

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

7779 DOUBLTON DRIVE

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

Signature, typed 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
STREET ADDRESS
CITY-ST-ZIP
P DONNA LEVY
7779 DOUBLTON DRIVE
DELRAY BEACH FL 33446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V BETTY JANE LEVY
8329 Bermuda Sound Way
Boynton Beach FL 33436

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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TITLE
NAME
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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** **DONNA LEVY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03
Date

561 499-1339
Daytime Phone #

CR2E034B (12/02)