FILED
May 30, 2003 8:00 am
Secretary of State
05-01-2003 90256 024 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/1/

DOCUMENT # P98000091914

1. Entity Name
BOSWELL SERVICES, INC.

55044872

Principal Place of Business	Mailing Address
217 23RD ST. N	217 23RD ST. N
SAINT PETERSBURG FL 33713	SAINT PETERSBURG FL 33713
US	US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2525 1st Ave. N	P.O. Box 7125
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg, FL	City & State: Clearwater, FL
Zip: 33713 Country: Pinellas	Zip: [redacted] 33758 Country: [redacted] Pinellas

4. FEI Number 59-3540232 ☐ Applied For ☐ Not Applicable

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
BASWELL, STEPHEN D	Name: Stephen D. Boswell
217 23RD ST. N	Street Address (P.O. Box Number is Not Acceptable): 2525 1st Ave. N
SAINT PETERSBURG FL 33713	City: St. Petersburg FL Zip Code 33713

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) Boswell Sr. 4/14/03
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BOSWELL, STEPHEN D		NAME	
STREET ADDRESS	PO BOX 7125		STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33758		CITY-ST-ZIP	
TITLE	STD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BOSWELL, PATSY D		NAME	
STREET ADDRESS	PO BOX 7125		STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33758		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

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: SIGNATURE REQUIRED 5-27-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #