2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

P99000007820

Mailing Address

116 115TH AVE N

1. Entity Name

116 115TH AVE N

BOSWELL BUILDING & CONSTRUCTION, INC.



FILED Feb 07, 2003 8:00 am Secretary of State

02-07-2003 90104 045 ***150.00

90019956

SAINI PETERS	BURG FL 337	16	SAINI PETENSBUNG PL 33/16									
2. Principal Pl	ace of Busine	ess	3. Mai	3. Mailing Address						ar ii deni d		\$11 B&11 10 B1
Suite, Apt.	#, etc.	<u>,</u>	Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State	9		City	City & State				4. FEI Number Applied For Not Applicable				
Zip Country				Zip .		Country		5. C	ertificate of Status Desired		\$8.75 Add	
			7. Name and Address of New Registered Agent									
6. Name and Address of Current Registered Agent									,			
BOSWELL, RICHARD E SR						Street Address (P.O. Box Number is Not Acceptable)						
	I AVE NORT										···	
SAINT PETERSBURG FL 33716												
·		City					FL	Zip Code				
the obligati	ions of registe	submits this statement fored agent. or printed name of registered agen				ed office or			ent, or both, in the State of Flori	da. I am f	amiliar with, a	and accept
	Signature, typed o	or printed name of registered agen	t and tipe if app	picable. (NOTE	. negistere	Agent signatu	ia iequiiou ii	men ren	installing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									Election Campaign Fina Trust Fund Contribution.			May Be to Fees
10.	DRS	11.	11. A			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE	P			☐ Delete		TITLE					Change	☐ Addition
NAME		RICHARD E SR			NAN	ŀΕ						ļ
Street Address	116 115TH AVE NORTH					EET ADDRESS						
CITY-ST-ZIP	SAINT PETERSBURG FL 33716				CITY	'-ST-ZIP						
TITLE	V Delete			TITL						Change	Addition	
NAME		BOSWELL, SHON				ie Eet address						,
STREET ADDRESS CITY-ST-ZIP		ID TIDIT AVE IN				'-ST-ZIP						
	SAINT PET	ERSBURG FL 33716	-	Delete	TITL				 .		☐ Change	Addition
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STREET ADDRESS					STR	EET ADDRESS						
CITY-ST-ZIP	[• ••	•	CIT	Y-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeb 5, 2003

727-560-4697

Daytime Phone #