

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90108 040 ***150.00

DOCUMENT # P99000010145

1. Entity Name

S.F.L. SERVICES OF BOYNTON BEACH, INC.

Principal Place of Business

**660 NW 10TH COURT
BOYNTON BEACH FL 33426**

Mailing Address

**660 NW 10TH COURT
BOYNTON BEACH FL 33435**

2. Principal Place of Business

3300 S. Congress Ave

Suite, Apt. #, etc.

Suite 17

City & State

Boynton Beach, Fl.

Zip

33426

Country

USA

3. Mailing Address

3300 S. Congress Ave.

Suite, Apt. #, etc.

Suite 17

City & State

Boynton Beach, Fl.

Zip

33426

Country

USA



DO NOT WRITE IN THIS SPACE

549091

4. FEI Number **65-0925010**

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

**DUFFY, DANIEL F
660 NW 10TH COURT
BOYNTON BEACH FL 33435**

Name

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

3300 S. Congress Avenue, Suite 17

City

Boynton Beach

FL

Zip Code

33426

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.

SIGNATURE

Daniel F. Duffy **DANIEL F. DUFFY**

4/24/01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DUFFY, DANIEL F	
STREET ADDRESS	660 NW 10TH COURT	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	V	<input type="checkbox"/> Delete
NAME	DUFFY, TRACY L	
STREET ADDRESS	660 NW 10TH COURT	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3300 S. Congress Avenue, Suite 17
CITY-ST-ZIP	Boynton Beach, Fl. 33426
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3300 S. Congress Avenue
CITY-ST-ZIP	Suite 17 Boynton Beach, Fl. 33426
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Daniel F. Duffy* **DANIEL F. DUFFY** **4/24/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(361) 367-054

CR2E034 (10/00)