

2000 UNIFORM BUSINESS REPORT (UBR)

3.

FILED

May 15, 2000 8:00 am
Secretary of State

03-04-2000 90103 021 ***150.00

DOCUMENT # P99000012154

1. Entity Name

BOYD EARTHWORK, INC.

Principal Place of Business

Mailing Address

RT. 2, BOX 1110
BRYCEVILLE FL 32009

RT. 2, BOX 1110
BRYCEVILLE FL 32009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

59-3555732

Not Applicable

Zip

Country

Zip

Country

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

MATTHEWS, DONALD W ESQ.
7952 NORMANDT BLVD.
JACKSONVILLE FL 32221

Name

Bailey C. Boyd

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

RT 2 Box 1110

City

Bryceville

FL

Zip Code

32009

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

Bailey C. Boyd

Bailey C. Boyd

2-14-00

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when relating)

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, 2000 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

TITLE	DPT	<input type="checkbox"/> Delete
NAME	BOYD, DAVID C	
STREET ADDRESS	RT. 2, BOX 1110	
CITY-ST-ZIP	BRYCEVILLE FL 32009	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	BOYD, DORIS E	
STREET ADDRESS	RT. 2, BOX 1110	
CITY-ST-ZIP	BRYCEVILLE FL 32009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)