

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90189 033 ***150.00

DOCUMENT # P99000020480

1. Entity Name
BOARD-EYE CONSTRUCTION, INC.

Principal Place of Business Mailing Address
1235 ALLENDALE DRIVE **1235 ALLENDALE DRIVE**
OVIEDO FL 32765 **OVIEDO FL 32765-9719**

2. Principal Place of Business 3. Mailing Address
27 Tomoka Dr. **27 Tomoka Dr.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Oviedo, FL **Oviedo, FL**
 Zip Country Zip Country
32765 **US** **32765** **US**

4. FEI Number Applied For
59-3563449 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPRUILL, CYNTHIA J
1235 ALLENDALE DRIVE
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name **Spruill, Cynthia J.**
 Street Address (P.O. Box Number is Not Acceptable)
27 Tomoka Dr.
 City **Oviedo** FL Zip Code **32765**

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 DATE **4/26/00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPRUILL, CYNTHIA J 1235 ALLENDALE DRIVE OVIEDO FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Spruill, Cynthia J. 27 Tomoka Dr. Oviedo, FL 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Date **4/26/00** Daytime Phone # **(407) 977-0673**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-63639-712 11 C