

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038686

1. Entity Name

BOE, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90061 021 \*\*\*150.00

Principal Place of Business

222 LAKEVIEW AVE., STE. 800  
WEST PALM BEACH FL 33401

Mailing Address

222 LAKEVIEW AVE., STE. 800  
WEST PALM BEACH FL 33401-6148

2. Principal Place of Business

7777 Glades Road

Suite, Apt. #, etc.  
201

City & State

Boca Raton, FL.

Zip

33434

Country

USA

3. Mailing Address

7777 Glades Road

Suite, Apt. #, etc.  
201

City & State

Boca Raton, FL.

Zip

33434

Country

USA

4. FEI Number

65-0924417

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROSEN, MARVIN S  
222 LAKEVIEW AVE., STE. 800  
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Melissa Crowe

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

7777 Glades Road, 201

City

Boca Raton,

FL

Zip Code

33434

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

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

(NOTE: Registered Agent signature required when reinstating)

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	President	<input type="checkbox"/> Delete
NAME	Jeffrey L. Schmier	
STREET ADDRESS	7777 Glades Rd. 201	
CITY-ST-ZIP	Boca Raton, FL. 33434	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	David Epstein	
STREET ADDRESS	7777 Glades Rd. 201	
CITY-ST-ZIP	Boca Raton, Fla. 33434	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Melissa Crowe	
STREET ADDRESS	7777 Glades Rd. 201	
CITY-ST-ZIP	Boca Raton, Fl. 33434	
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00 561 483-2330  
Date Daytime Phone #

CR2E034 (9/99)