

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065640

1. Entity Name

**BOYLAN ENTERPRISES, INC.**

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90044 035 \*\*\*150.00

Principal Place of Business

Mailing Address

415 2ND AVE. NORTH  
 LAKE WORTH FL 33460

415 2ND AVE. NORTH  
 LAKE WORTH FL 33460-3401

2. Principal Place of Business

1810 Hypoluxo Rd. D-66075

3. Mailing Address

P. O. Box 60

Suite, Apt. #, etc.

D 6

Suite, Apt. #, etc.

City & State

Lake Worth FL 33462

City & State

Lake Worth FL 33460-0060

4. FEI Number

65-0939952

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

JORDAN, EMORY C III  
 415 2ND AVE. NORTH  
 LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name **Martin F. Boylan, Jr.**

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

712 North C Street

City

Lake Worth FL

FL

Zip Code

33460

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 *Martin F. Boylan Jr.*

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

**MARTIN F. BOYLAN, JR. (PRES)**

(NOTE: Registered Agent signature required when reinstating)

DATE

4-6-00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BOYLAN, MARTIN F JR.	712 NORTH C ST.	LAKE WORTH FL 33460	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 *Martin F. Boylan Jr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-00 (561)582-6611

Date

Daytime Phone #

CR2E034 (9/99)