

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90096 021 ***158.75

DOCUMENT # P99000065651

1. Entity Name
J W BOYD CO., INC.



Principal Place of Business
**3651 N.E. 170TH AVENUE
WILLISTON FL 32696**

Mailing Address
**3651 N.E. 170TH AVENUE
WILLISTON FL 32696**



2. Principal Place of Business
21011 N.E. HWY 27

3. Mailing Address
21011 N.E. HWY 27

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WILLISTON, FL

City & State
WILLISTON, FL

4. FEI Number
59-3586863

Applied For
☐ Not Applicable

Zip
32696

Country
USA

Zip
32696

Country
USA

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

**BOYD, JEFFERY W
3651 N.E. 170TH AVENUE
WILLISTON FL 32696**

Name
SAME

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

3451 N.E. 170 AVE

City
WILLISTON

FL

Zip Code
32696

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
J.W. Boyd

(NOTE: Registered Agent signature required when reinstating)

DATE
1/17/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D
NAME
BOYD, JEFFERY W
STREET ADDRESS
3651 N.E. 170TH AVENUE
CITY-ST-ZIP
WILLISTON FL 32696

☐ Delete

TITLE
BOYD, JEFFERY W.
NAME
3451 N.E. 170 AVE.
STREET ADDRESS
WILLISTON, FL 32696

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT

1/17/03 352-528-3115

Date

Daytime Phone #

CR2E034 (10/02)