2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 06, 2001 8:00 am Secretary of State DOCUMENT # **P99000111771** BOSWELL INVESTMENTS, INC. 04-06-2001 90050 044 ***150.00 Principal Place of Business Mailing Address 10859 EMERALD COAST PKWY, NUMBER 4-360 10859 EMERALD COAST PKWY, NUMBER 4-360 940906 DESTIN FL 32541 DESTIN FL 32541 2. Principal Place of Business 3. Mailing Address Sam<u>e</u> Same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number APPLIED 5 9-3637672 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PLEAT, DAVID B Street Address (P.O. Box Number is Not Acceptable) 4477 LEGENDARY DR., STE. 202 **DESTIN FL 32541** Zip Code City 8. The above named entity submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida. 4-3-01 SIGNATURE _ (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (10/00) ☐ Change ☐ Addition TITLE TITLE NAME **BOSWELL, JOHNNY** NAME 10859 EMERALD COAST PKWY. NUMBER 4-360 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 Secretary Paule G. Boswell Delete 10859 Emerald Coast Phuy #4-30 X Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS Destin, F1 32541 CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TIT1 F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.