

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S06880

FILED
Jan 06, 2003
Secretary of State

Entity Name: BOYER PRODUCE, INC.

Current Principal Place of Business:

19801 NW NWY 335
WILLISTON, FL 32696 US

New Principal Place of Business:

Current Mailing Address:

19801 NW NWY 335
WILLISTON, FL 32696 US

New Mailing Address:

FEI Number: 59-3038742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYER, TYRIE A.
200 EAST FORSYTH STREET
JACKSONVILLE, FL 32202

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOYER, KENNEDY G.,
Address: 19801 NW HWY 335
City-St-Zip: WILLISTON, FL

Title: T () Delete
Name: BOYER, MARYLEE B.,
Address: 19801 NW HWY 335
City-St-Zip: WILLISTON, FL

Title: S () Delete
Name: ROBINSON, LECA L SECRETA
Address: 4591 NE 132ND COURT
City-St-Zip: WILLISTON, FL 32696

Title: S (X) Delete
Name: ROBINSON, LECA L SEC
Address: 4591 NE 132ND CT
City-St-Zip: WILLISTON, FL 32696

Title: P (X) Delete
Name: BOYER, KENNEDY G PRES
Address: 19801 NW HWY 335
City-St-Zip: WILLISTON, FL 32696

Title: T (X) Delete
Name: BOYER, MARYLEE B TREASUR
Address: 19801 NW HWY 335
City-St-Zip: WILLISTON, FL 32696

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LECA ROBINSON

S

01/06/2003

Electronic Signature of Signing Officer or Director

Date