


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90246 037 ***150.00

DOCUMENT # <i>511065</i>	
1. Entity Name BOYNTON III, INC.	

DO NOT WRITE IN THIS SPACE

90123714

2. Principal Place of Business LAW OFFICE OF RICHARD		3. Mailing Address SAME P. WARFIELD	
Suite, Apt. #, etc. 201 EAST GOVERNMENT ST.		Suite, Apt. #, etc. SAME	
City & State PENSACOLA FL 32501		City & State SAME	
Zip 32501	Country US	Zip SAME	Country SAME

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-3111665		Applied For <input type="checkbox"/>
			Not Applicable <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
		Name WARFIELD & ASSOCIATES	
		Street Address (P.O. Box Number is Not Acceptable) 201 EAST GOVERNMENT STREET	
		City PENSACOLA FL Zip Code 32501	

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. BOYNTON, THERESA B P.O. BOX 7557 (N/A) PENSACOLA, FL 32534-0557	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARNETT, DOROTHY P.O. BOX 7557 (N/A) PENSACOLA, FL 32534-0557	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WARFIELD, RICHARD P. 201 EAST GOVERNMENT STREET PENSACOLA FL 32501	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)