

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

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

05-05-2003 90246 039 \*\*\*150.00

DOCUMENT # *S11067*

1. Entity Name

BOYNTON BUSINESS AND FINANCIAL  
SERVICES, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

LAW OFFICE OF RICHARD P. WARFIELD

3. Mailing Address

Suite, Apt. #, etc.  
ST. SAME

Suite, Apt. #, etc.  
201 EAST GOVERNMENT

City & State  
PENSACOLA, FL 32501

City & State  
SAME

Zip  
32501

Country  
US

Zip  
SAME

Country

4. FEI Number  
59-3111662

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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

**DO NOT WRITE  
IN THIS SPACE**

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 retesting)

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	S BARNETT, DOROTHY P.O. BOX 7557 (N/A) PENSACOLA, FL 32534-0557
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 of 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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0348 (12/02)