

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V07671

1. Entity Name

SEAN P. BOSWELL, INC.

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90040 011 \*\*\*150.00

Principal Place of Business

Mailing Address

8405 N. HIMES AVE.  
 #230  
 TAMPA FL 33614

8405 N. HIMES AVE.  
 #230  
 TAMPA FL 33688-1348

80077790



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1717 MILL RUN CIR  
 Suite, Apt. #, etc.

SAME  
 Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

4. FEI Number

59-3108885

Applied For

Not Applicable

Zip

33613

Country

USA

Zip

Country

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

BOSWELL, SEAN P.  
 8405 N. HIMES AVE.  
 #230  
 TAMPA FL 33614

Name

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

1717 MILL RUN CIR

City

TAMPA

FL

Zip Code

33613

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  Delete  
 BOSWELL, SEAN P.  
 STREET ADDRESS 8405 N. HIMES AVE, #230  
 CITY-ST-ZIP TAMPA FL

TITLE NAME  Change  Addition  
 Boswell Sean P  
 STREET ADDRESS 1717 MILL RUN CIR  
 CITY-ST-ZIP TAMPA FL 33613

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-100 83835-5754  
 Date Daytime Phone #