

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90001 035 ***158.75

056-0394 AT

DOCUMENT # J18052

1. Entity Name
BOOKER & COMPANY, INC.

Principal Place of Business Mailing Address

124 S. MORGAN ST. **6487 P'TREE IND. BLVD.**
TAMPA FL 33602-5338 **SUITE A**
DORAVILLE GA 30090

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

401 HARBOR ISLES BLYD.
KLAMATH FALLS, OR
97601 **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2686157** Applied For
 Not Applicable

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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, 2002 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 STREET ADDRESS CITY-ST-ZIP	DP SUTHERLAND, CHARLES M JR 7905 TROON CIRCLE AUSTELL GA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POWELL, HUGH R JR 6487 PEACHTREE IND. BLVD., SUITE A DORAVILLE GA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTHERLAND, DAVID B 7905 TROON CIRCLE AUSTELL GA 30168 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS BRYAN, ALLEN 7905 TROON CIRCLE AUSTELL GA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTHERLAND, JANICE 7905 TROON CIRCLE AUSTELL GA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Donald B. Young **DONALD B. YOUNG**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **VICE PRESIDENT & DIRECTOR** **(541) 882-3451**
 Date Daytime Phone #

CR2E034 (9/01)

Attachment
Doc# J18652
60030905

Booker & Company, Inc.

OFFICERS & DIRECTORS

<u>NAME AND TITLE</u>	<u>ADDRESS</u>	<u>CITY, STATE</u>	<u>ZIP</u>	<u>TELEPHONE #</u>
Mark Blanchat, President Director	3250 Lakeport Blvd	Klamath Falls, OR	97601	(541) 882-3451
Don Young, Vice President	401 Harbor Isles Blvd	Klamath Falls, OR	97601	(541) 882-3451
K. E. Hoggarth, Vice President	401 Harbor Isles Blvd	Klamath Falls, OR	97601	(541) 882-3451

*** For security reasons, we provide only business addresses for our officers.