2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005464

1. Entity Name

WALTER BOOS, LLC

FILED

01 FEB 12 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~4320 WEST KENNEDY BLVD~~ ~~TAMPA FL 33609~~	~~4320 WEST KENNEDY BLVD~~ ~~TAMPA FL 33609~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 777 S. Harbour Island Blvd.	Suite, Apt. #, etc. 777 S. Harbour Island Blvd.
City & State Suite 360	City & State Suite 360
Zip Tampa, Florida 33602 Country	Zip Tampa, Florida 33602 Country

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRONSON, MICHAEL L ~~4320 WEST KENNEDY BLVD~~ ~~TAMPA FL 33609~~	Name Street Address (P.O. Box Numbers Not Acceptable) 777 S. Harbour Island Blvd. Suite 360 City Tampa, Florida 33602 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Robert A. Walter	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager 777 So. Harbour Island # 360 Tampa, Florida 33602 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Michael Bronson	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager 777 So. Harbour Island Blvd. #360 Tampa, Florida 33602 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100003708481--0 -02/16/01--01148--004 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Robert A. Walter REQUIRED 02-01-01 813-221-9782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

000167 AF

CR2E083 (11/00)