

FILED
Jul 16, 2002 8:00 am
Secretary of State

01-31-2002 90183 027 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000064061
1. Entry Name

BOOL, INC. (by owner online)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1772 Fairview Shores Dr
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 547945
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando, Florida
Zip
32804

City & State
Orlando, FL
Zip
32854

4. FEI Number 59-3331143
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Catherine Laine Robertson
Street Address (P.O. Box Number is Not Acceptable)
1772 Fairview Shores Dr
City ORLANDO FL Zip Code 32804

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 Catherine Laine Robertson 150
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when in-state only)

7-9-02

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

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P5D	Catherine Laine Robertson	1772 Fairview Shores Drive	Orlando, FL 32804
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
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CR2E034B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowerers.

SIGNATURE: Catherine Laine Robertson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-02 407-839-1975
407-297-7036
Date De/ma Phone #