2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
04-11-2001 90076 032 ***150.00

DOCUMENT # 305205

1. Entity Name

AL BOOTH'S INC.

Principal Place of Business	Mailing Address
260 HARBOR CITY BLVD MELBOURNE FL 32935	260 HARBOR CITY BLVD MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1140081 ☐ 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
FRESE, GARY B 930 SO HARBOR CITY BLVD STE 505 MELBOURNE FL 32901	Name Street Address (P.O. Box Number is Not Acceptable) City / 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

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, 2001 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	CEO PARSONS, THOMAS C 1550 NW PINETREE LANE PALM BAY FL	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PC Albert E. Booth 4318 Springmoor Dr. E. Jacksonville, FL 32225	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DALE E. BRIGHT 260 N. HARBOR CITY BLVD MELBOURNE FL	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VM Scott L. Butler 498 Brisbane St. N.E. Palm Bay, FL 32907	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ALMA BAKER 260 N. HARBOR CITY BLVD MELBOURNE FL	☐ 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
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

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: A. L. Baker A. L. Baker 4-4-01 321-254-2228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)