

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90085 012 ***150.00

DOCUMENT # 305205

1. Entity Name
AL BOOTH'S INC.

Principal Place of Business

**260 HARBOR CITY BLVD
 MELBOURNE FL 32935**

Mailing Address

**260 HARBOR CITY BLVD
 MELBOURNE FL 32935**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1140081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**FRESE, GARY B
 930 SO HARBOR CITY BLVD
 STE 505
 MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name **Richard E. Torpy**

Street Address (P.O. Box Number is Not Acceptable)
202 North Harbor City Blvd.

Suite 300

City **Melbourne**

FL

Zip Code
32935

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, 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

TITLE **PC** ☐ Delete
 NAME **BOOTH, ALBERT E**
 STREET ADDRESS **4318 SPRINGMOOR DRIVE EAST**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **VM** ☐ Delete
 NAME **BUTLER, SCOTT L**
 STREET ADDRESS **698 BRISBANE STREET NE**
 CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **ST** ☐ Delete
 NAME **ALMA BAKER**
 STREET ADDRESS **260 N. HARBOR CITY BLVD**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 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: *Alma Baker* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02

Date

321-254-2228

Daytime Phone #

CR2E034 (9/01)