

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90104 006 ***150.00

DOCUMENT # 472758

1. Entity Name
ARTHUR T. BOONE, P.A.

Principal Place of Business

Mailing Address

1221 KING STREET
JACKSONVILLE FL 32204
US

1221 KING STREET
JACKSONVILLE FL 32204
US

2. Principal Place of Business

3. Mailing Address

3229 Park St.

3229 Park St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville Fla.

Jacksonville Fla.

Zip

Country

Zip

Country

32205

US

32205

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOONE, PAUL STANLEY
1221 KING ST.,
JACKSONVILLE FL 32204

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

2/28/01

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	P	<input type="checkbox"/> Delete
NAME	BOONE, ARTHUR T.,	
STREET ADDRESS	1221 KING ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BOONE, PAUL STANLEY	
STREET ADDRESS	1221 KING ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A.T. BOONE

Date

Daytime Phone #

904-389-7635

CR2E034 (10/00)