

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90043 044 ***150.00

DOCUMENT # 472758

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

Principal Place of Business

**3229 PARK ST.
JACKSONVILLE FL 32205
US**

Mailing Address

**3229 PARK ST.
JACKSONVILLE FL 32205
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1589057**

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

BOONE, PAUL STANLEY

**1221 KING ST.
JACKSONVILLE FL 32204**

Name

Street Address (P.O. Box Number is Not Acceptable)

4811 Beach Blvd.

Suite 401

City

Jacksonville

FL

Zip Code

32207

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BOONE, ARTHUR T.**
STREET ADDRESS **1221 KING ST.**
CITY-ST-ZIP **JACKSONVILLE FL 32204**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **3229 Park St.**
CITY-ST-ZIP **Jacksonville Fla. 32205**

TITLE **DVP** ☐ Delete
NAME **BOONE, PAUL STANLEY**
STREET ADDRESS **1221 KING ST.**
CITY-ST-ZIP **JACKSONVILLE FL 32204**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **4811 Beach Blvd. Suite 401**
CITY-ST-ZIP **Jacksonville, Fla. 32207**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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STREET ADDRESS
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☐ Change ☐ Addition
TITLE
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 of Arthur T. Boone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-389-7635

CR2E034 (9/01)