

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **512791**

1. Entity Name

R.C. BOOS CONSTRUCTION, INC.



FILED
Jul 24, 2003 8:00 am
Secretary of State

07-24-2003 90115 032 ***550.00

Principal Place of Business

Mailing Address



Roger Boos
4570 U S # 1
Grant, Florida 32949



Roger Boos
4570 U S # 1
Grant, Florida 32949



☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-1714295**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BOOS, ROGER



Roger Boos
4570 U S # 1
Grant, Florida 32949

Name

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

City

FL

Zip Code

I am familiar with, and accept

SIGNATURE

Marcella Boos

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

(NOTE: Registered Agent signature required when reinstating)

7/20/03

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10.



Roger Boos
4570 U S # 1
Grant, Florida 32949

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

BOOS, R

12500 E

BOYD

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

ST

BOOS, MARCELLA

12500 E

BOYD

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP

BOOS, ROGER J

3635 LAKEVIEW BLVD.

DELRAY BEACH FL 33445

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

TITLE

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STREET ADDRESS

CITY - ST - ZIP

☐ Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

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STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marcella Boos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/03

Date

321-952-3886

Daytime Phone #

CR2E034 (4/03)