

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A05663**

1. Entity Name
BOULEVARD, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 15 AM 10:02

Principal Place of Business Mailing Address
% DAVID W. THOMPSON % DAVID W. THOMPSON
5636 GRAND BLVD. 5636 GRAND BLVD.
NEW PORT RICHEY FL 34652-3897 NEW PORT RICHEY FL 34652-3897



DO NOT WRITE IN THIS SPACE

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

4. FEI Number **59-2257965** 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

THOMPSON, DAVID W
5636 GRAND BLVD.
NEW PORT RICHEY FL 34652-3897

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record: **\$52,000.00** 10. Amount of Capital Contributions in FLORIDA to date: **Ø** 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	THOMPSON, DAVID W	STREET ADDRESS	
NAME	5636 GRAND BLVD	CITY-ST-ZIP	
STREET ADDRESS	NEW PORT RICHEY FL 34652		
CITY-ST-ZIP			
DOCUMENT #	SHELTON, DAVID G	STREET ADDRESS	800003398748--0
NAME	5636 GRAND BLVD	CITY-ST-ZIP	-09/20/00--01012--009
STREET ADDRESS	NEW PORT RICHEY FL 34652		****541.25--****541.25
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED** *David W. Thompson* Date: **Aug 3, 2000** Daytime Phone #: **(777) 847-5360**
DAVID W. THOMPSON, DMD

CR2E003 (5/00)