

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F75951

1. Entity Name

DANIEL K. BOONE & COMPANY, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90044 026 ***150.00

Principal Place of Business

9470 B SW 61ST WAY
BOCA RATON FL 33428

Mailing Address

1515 N FEDERAL HWY
STE 300
BOCA RATON FL 33432-1994
US

2. Principal Place of Business

1515 N. FEDERAL HWY
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

BOCA RATON FLA

City & State

Zip

Country

33432-1994 USA

4. FEI Number

59-2190914

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOONE, DANIEL
1515 N. FEDERAL HWY
STE 300
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

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 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, 2000 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 PD
NAME BOONE, DANIEL
STREET ADDRESS 9470 B SW 61ST WAY
CITY-ST-ZIP BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE BOONE DANIEL
NAME
STREET ADDRESS 2274 N.W. 8TH STREET
CITY-ST-ZIP BOCA RATON, FLA 33486

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES. CEO

Date

Daytime Phone #

04 JAN 2000

561-395-2292