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

F75951 DOCUMENT

1. Entity Name

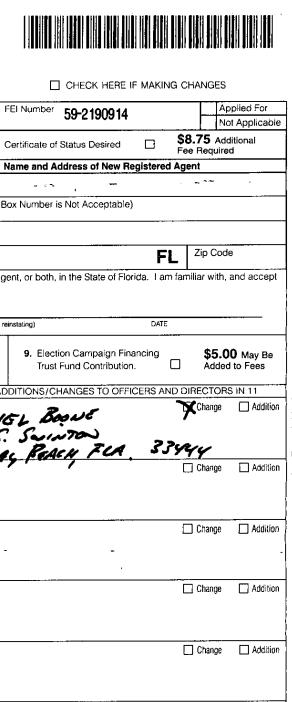
DANIEL K. BOONE & COMPANY, INC.



Principal Place of Business Mailing Address 1515 N FEDERAL HIGHWAY 1515 N FEDERAL HWY STE 300 SUITE 300 **BOCA RATON FL 33432-1994 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-2190914 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent - - -BOONE, DANIEL Street Address (P.O. Box Number is Not Acceptable) 1515 N. FEDERAL HWY STE 300 **BOCA RATON FL 33432** Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE TITLE ☐ Delete **BOONE. DANIEL** NAME NAME 14 NW 9TH STREET STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33444** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change | ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

FILED May 05, 2003 8:00 am Secretary of State





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 addre with all other like empowered.

CITY-ST-ZIP

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RESERVE PID 28 Apr 03