

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91745 031 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003695

1. Entity Name

TEXAS BOOT, INC

Principal Place of Business	Mailing Address
299 PLUS PARK BLVD SUITE 100 NASHVILLE, TN 37217	299 PLUS PARK BLVD SUITE 100 NASHVILLE, TN 37217

012400

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 52-2007094		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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, 2001 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 NAME STREET ADDRESS CITY - ST - ZIP	PC WHITLOCK, BILLY T 299 PLUS PARK BLVD STE 100 NASHVILLE, TN 37217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TAYLOR, DONNIE G 299 PLUS PARK BLVD STE 100 NASHVILLE, TN 37217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MCELROY, JAMES L 299 PLUS PARK BLVD STE 100 NASHVILLE, TN 37217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VOGEL, MICHAEL J 299 PLUS PARK BLVD STE 100 NASHVILLE, TN 37217 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHEARON, HENRY T JR 299 PLUS PARK BLVD STE 100 NASHVILLE, TN 373217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

Attachment
Document #

F98000003695

OMB No. 1545-0293

672436

Form 7004

(Rev. October 2000)
Department of the Treasury
Internal Revenue ServiceApplication for Automatic Extension of Time
To File Corporation Income Tax Return

Name of corporation

TEXAS BOOT, INC.

Employer identification number

52-2007094

Number, street, and room or suite no. (if a P.O. box or outside the United States, see instructions.)

299 PLUS PARK BOULEVARD, SUITE 100

City or town, state, and ZIP code

NASHVILLE, TN 37217

Check type of return to be filed:

☐ Form 990-C☐ Form 1120-FSC☐ Form 1120-PC☐ Form 1120S☒ Form 1120☐ Form 1120-H☐ Form 1120-POL☐ Form 1120-SF☐ Form 1120-A☐ Form 1120-L☐ Form 1120-REIT☐ Form 1120-F☐ Form 1120-ND☐ Form 1120-RIC• Form 1120-F filers: Check here if the foreign corporation does not maintain an office or place of business in the
United States ☐

1 Request for Automatic Extension (see instructions)

a Extension date: I request an automatic 6-month (or, for certain corporations, 3-month) extension of time

until MARCH 15, 2002, to file the income tax return of the corporation named above for ☐ calendar
year or ☒ tax year beginning JULY 1, 2000, and ending JUNE 30, 2001.

b Short tax year. If this tax year is for less than 12 months, check reason:

☐ Initial return☐ Final return☐ Change in accounting period☐ Consolidated return to be filed2 Affiliated group members (see instructions). If this application also covers subsidiaries to be included in a consolidated
return, provide the following information:

Name and address of each member of the affiliated group	Employer identification number	Tax period

3 Tentative tax

3 0.

4 Payments and refundable credits:

a Overpayment credited from prior year

4a

b Estimated tax payments for the tax year

4b

c Less refund for the tax year

4c

applied for on Form 4468

4c

Bal

4d

e Credit for tax paid on undistributed capital gains (Form 2439)

4e

f Credit for Federal tax on fuels (Form 4136)

4f

5 Total. Add lines 4d through 4f

5 0.

6 Balance due. Subtract line 5 from line 3. Deposit this amount using the Electronic Federal
Tax Payment System (EFTPS) or with a Federal Tax Deposit (FTD) Coupon

6 0.

Signature. Under penalties of perjury, I declare that I have been authorized by the above-named corporation to make this application, and to the best of my knowledge
and belief, the statements made are true, correct, and complete.

(Signature of officer or agent)

(Title)

(Date)

JWA For Paperwork Reduction Act Notice, see instructions.

Form 7004 (Rev. 10-2000)

019741
11-29-00Lattimore, Black, Morgan & Cain, P.C.
P.O. Box 1869, Brentwood, TN 37024-1869

62-1199757

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