

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2003 8:00 am**  
**Secretary of State**

07-17-2003 90035 029 \*\*\*550.00

0086279 AV

**DOCUMENT # H92016**

1. Entity Name

**ROGER C. BOOS CORPORATION OF FLORIDA**



Principal Place of Business

~~12005 DAVENPORT LANE~~  
~~BOYNTON BEACH FL 33406-0138~~

Mailing Address

~~12005 DAVENPORT LANE~~  
~~BOYNTON BEACH FL 33406-0138~~

2. Principal Place of Business

3. Mailing Address

**4570 U.S. #1**

**4570 U.S. #1**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**GRANT, FL.**

City & State

**GRANT, FL.**

4. FEI Number

**65-0072625**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32949 BREVARD**

**32949 BREVARD**

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



**Roger Boos**  
**4570 U.S. #1**

**Grant, Florida 32949**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

*Marcella Ann Boos*

**7/15/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



**Roger Boos**  
**4570 U.S. #1**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



**Marcella Boos**  
**4570 U.S. #1**  
**Grant, Florida 32949**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**BOOS, ROGER J**  
**3055 FAIRVIEW BLVD**  
**DELRAY BEACH FL 33445**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**4570 U.S. #1**  
**GRANT, FL. 32949**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**4570 U.S. #1**  
**GRANT, FL. 32949**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**2275 LINTON RIDGE CIRCLE #A-6**  
**DELRAY BEACH, FL. 33483**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME  
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☐ 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 Ann Boos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/15/03**

Date

**321-952-3886**

Daytime Phone #

CR2E034 (4/03)