

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005464

1. Entity Name  
WALTER BOOS, LLC

Principal Place of Business

~~4320 WEST KENNEDY BLVD~~  
~~TAMPA FL 33609~~

Mailing Address

~~4320 WEST KENNEDY BLVD~~  
~~TAMPA FL 33609~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. **777 S. Harbour Island Blvd.**

Suite, Apt. #, etc. **777 S. Harbour Island Blvd.**

City & State **Suite 360**

City & State **Suite 360**

Zip **Tampa, Florida 33602**

Zip **Tampa, Florida 33602**

Country

Country

6. Name and Address of Current Registered Agent

BRONSON, MICHAEL L

~~4320 WEST KENNEDY BLVD~~

~~TAMPA FL 33609~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number if applicable) **777 S. Harbour Island Blvd.**

**Suite 360**

City **Tampa, Florida 33602 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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME **Robert A. Walter** ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME **Michael Bronson** ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME **Manager** ☐ Change ☐ Addition  
STREET ADDRESS **777 So. Harbour Island # 360**  
CITY-ST-ZIP **Tampa, Florida 33602**

TITLE NAME **Manager** ☐ Change ☐ Addition  
STREET ADDRESS **777 So. Harbour Island Blvd. #360**  
CITY-ST-ZIP **Tampa, Florida 33602**

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Robert A. Walter* **SIGNATURE REQUIRED**

**02-01-01**

**813-221-9782**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**FILED**

01 FEB 12 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

☒ Applied For  
☐ Not Applicable

4. FEI Number  
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

CR2E083 (11/00)