2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 08:00 AM
Secretary of State

DOCUMENT # **L00000007640**

1. Entity Name
BOOS-MCBRIDE STONE MOUNTAIN, LLC

Principal Place of Business	Mailing Address
19321-C US HWY 19 N SUITE 605 CLEARWATER FL 33764	19321-C US HWY 19 N SUITE 605 CLEARWATER FL 33764

2. Principal Place of Business		3. Mailing Address	
C/O BOOS DEVELOPMENT GROUP, INC.		C/O BOOS DEVELOPMENT GROUP, INC.	
Suite, Apt. #, etc. 2633 MCCORMICK DRIVE, SUITE 102		Suite, Apt. #, etc. 2633 MCCORMICK DRIVE, SUITE 102	
City & State CLEARWATER FL		City & State CLEARWATER FL	
Zip 33759	Country	Zip 33759	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3655116** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STANLEY BRYAN JESQ 2700 SUNTRUST FINANCIAL CENTRE 401 JACKSON ST TAMPA FL 33602 US	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 ______________________ 03/12/2001
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		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOOS DEVELOPMENT GROUP, INC. 2633 MCCORMICK DRIVE, SUITE 102 CLEARWATER FL 33759 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

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 D. Boos MGRM 03/12/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #