2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 08:00 AM
Secretary of State

DOCUMENT # **L00000008319**

1. Entity Name
BOOS-CLARKSVILLE, LLC

Principal Place of Business	Mailing Address
19321-C U.S. HIGHWAY 19 NORTH, SUITE 605	19321-C U.S. HIGHWAY 19 NORTH, SUITE 605
CLEARWATER FL 33764	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 **59-3659176** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STANLEY BRYAN J
401 JACKSON STREET
2700 SUNTRUST FINANCIAL CENTRE
TAMPA FL
33602 US

7. Name and Address of New Registered Agent

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 ____________________ 03/13/2001
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: MGRM NAME: BOOS DEVELOPMENT GROUP, INC. STREET ADDRESS: 2633 MCCORMICK DRIVE, SUITE 102 CITY-ST-ZIP: CLEARWATER FL 33759	☐ 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 03/13/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #