

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 12, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000012381**1. Entity Name  
BOOS-MEMORIAL, LLC

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

4. FEI Number  
**59-3675251**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**STANLEY BRYAN JESQ.  
2700 SUNTRUST FINANCIAL CENTRE  
401 JACKSON STREET  
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 \_\_\_\_\_ DATE **03/12/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State****9. MANAGING MEMBERS / MEMBERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOOS DEVELOPMENT GROUP, INC. 2633 MCCORMICK DRIVE, SUITE 102 CLEARWATER FL 33759	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

CR2E083 (11/00)