

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L37058

1. Entity Name

ALLEN BOONE'S UPHOLSTERY, INC.

FILED

May 01, 2000 8:00 am  
Secretary of State

05-01-2000 90377 006 \*\*\*150.00

Principal Place of Business

Mailing Address

% CLAY B. TOUSEY JR  
604 N. 3RD STREET 321 9TH AVE N  
JACKSONVILLE BEACH FL 32250

% CLAY B. TOUSEY JR  
604 N. 3RD STREET 321 9TH AVE N  
JACKSONVILLE BEACH FL 32250-7169

2. Principal Place of Business

3. Mailing Address

321 9TH AVE N.

321 9TH AVE N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JAX Bch FLA.

City & State

JAX Bch FLA.

Zip

32250

Country

DUVAL

Zip

32250

Country

DUVAL

4. FEI Number

59-2980853

Applied For

Not Applicable

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

TOUSEY, CLAY B., JR.  
1 INDEPENDENT DRIVE  
2600  
JACKSONVILLE FL 32202

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE TS ☐ Delete  
NAME BOONE, ALLEN J., JR.  
STREET ADDRESS 604 N. 3RD ST.  
CITY-ST-ZIP JACKSONVILLE BCH FL

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

TITLE P ☐ Delete  
NAME BOONE, STEPHEN L.  
STREET ADDRESS 604 N THIRD ST  
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE T ☐ Delete  
NAME BOONE, ALLEN J., JR.  
STREET ADDRESS 604 N. 3RD ST.  
CITY-ST-ZIP JACKSONVILLE BCH FL

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

TITLE V ☐ Delete  
NAME BOONE, ERNESTINE L.  
STREET ADDRESS 604 N 3RD ST.  
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Allen J. Boone Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Allen J. Boone Jr. 4/28/00

Date

904-289-8821

Daytime Phone #

CR2E034 (9/99)