

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

03-SEP-24 PM 5:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L37058

1. Entity Name  
ALLEN BOONE'S UPHOLSTERY, INC.



Principal Place of Business  
% CLAY B. TOUSEY JR  
321 9TH AVE N  
JACKSONVILLE BEACH FL 32250

Mailing Address  
% CLAY B. TOUSEY JR  
321 9TH AVE N  
JACKSONVILLE BEACH FL 32250



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2980853

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

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

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-20-03 904-249-8821  
Date Daytime Phone #

CR2E034 (4/03)