

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 23 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005365

1. Entity Name
BOOS COLONIAL, LLC

Principal Place of Business
C/O BOOS DEVELOPMENT GROUP, INC.
19321-C U.S. HIGHWAY 19 NORTH, SUITE 605
CLEARWATER FL 33764

Mailing Address
C/O BOOS DEVELOPMENT GROUP, INC.
19321-C U.S. HIGHWAY 19 NORTH, SUITE 605
CLEARWATER FL 33764-3102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Fee Number

59-3631015

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARQUARDT, J. MATTHEW
625 COURT STREET, SUITE 625
CLEARWATER FL 33756

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM
STREET ADDRESS BOOS DEVELOPMENT GROUP, INC.
CITY- ST- ZIP 19321-C U.S. HIGHWAY 19 NORTH, SUITE 605
CLEARWATER FL 33764

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP
100003245831
-05/09/00--01128--022
*****50.00 *****50.00

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TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)