

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 12, 2001 08:00 AM
Secretary of State

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
---	---

2. Principal Place of Business C/O BOOS DEVELOPMENT GROUP, INC. Suite, Apt. #, etc. 2633 MCCORMICK DRIVE, SUITE 102 CLEARWATER FL	3. Mailing Address C/O BOOS DEVELOPMENT GROUP, INC. Suite, Apt. #, etc. 2633 MCCORMICK DRIVE, SUITE 102 CLEARWATER FL
--	--

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3631015	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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 US		Name STANLEY BRYAN JESQ Street Address (P.O. Box Number is Not Acceptable) 2700 SUNSTRUST FINANCIAL CENTRE 401 E. JACKSON STREET City TAMPA FL Zip Code 33602	

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 **BRYAN J. STANLEY** 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				10. ADDITIONS / CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	MGRM	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOOS DEVELOPMENT GROUP, INC.			NAME	BOOS DEVELOPMENT GROUP, INC.		
STREET ADDRESS	19321-C U.S. HIGHWAY 19 NORTH, SUITE 605			STREET ADDRESS	2633 MCCORMICK DRIVE, SUITE 102		
CITY-ST-ZIP	CLEARWATER FL 33764			CITY-ST-ZIP	CLEARWATER FL 33759		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: 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)