

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

2. Principal Place of Business	3. Mailing Address
C/O BOOS DEVELOPMENT GROUP, INC.	C/O BOOS DEVELOPMENT GROUP, INC.

Suite, Apt. #, etc.	Suite, Apt. #, etc.
2633 MCCORMICK DRIVE, SUITE 102	2633 MCCORMICK DRIVE, SUITE 102

City & State	City & State
CLEARWATER FL	CLEARWATER FL

Zip	Country	Zip	Country
33759		33759	

4. FEI Number	Applied For
59-3631015	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 AgentMARQUARDT J. MATTHEW
625 COURT STREET, SUITE 625CLEARWATER FL
33756 US**7. Name and Address of New Registered Agent**Name
STANLEY BRYAN JESQStreet Address (P.O. Box Number is Not Acceptable)
2700 SUNTRUST 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****03/12/2001**

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**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BOOS DEVELOPMENT GROUP, INC.	
STREET ADDRESS	19321-C U.S. HIGHWAY 19 NORTH, SUITE 605	
CITY-ST-ZIP	CLEARWATER FL 33764	

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

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

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

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

10. ADDITIONS / CHANGES

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

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

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

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

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

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: 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)