## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L9900006271

<ol> <li>Entity Name</li> <li>BOOS/DAVIE,</li> </ol>		€ <del>**</del> e					00 MAY 214 AM 9: 50							
									<u>"</u> SECI	RETARY	OF STA	ATE		
Principal Place of Business 19321-C US HWY 19 NORTH STE 605 CLEARWATER FL 33764				Mailing Address 19321-C US HWY 19 NORTH STE 605 CLEARWATER FL 33764-3102					SECRETARY OF STATE TALL AHASSES, PLORIDA					
2. Principal Place of	Business		3. 1	Mailing	Address				!   <b>                                   </b>		<b>                                    </b>	ł DDIEK MINIA III	(888    6	
Suite, Apt. #, etc.			S	Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE					
City & State				City & S	State			4 FF Number 65-0991126 Applied For Not Applied For						
Zip	Zip Country			Zip			itry	5. Certif	ficate of Stat	tus Desired		<b>\$5.00</b> A Fee Requi		
6.	Name and Addres	s of Curre	nt Regist	ered A	lgent		Nome	7. Name	e and Addre	ess of New	Registered	l Agent		
MARAHARDT □	_WATTHEW				· .		Name						<u> </u>	<u></u>
MARQUARDT, J. MATTHEW			_				Street Addre	ss (P.O. Box N	lumber is No	t Acceptab	e)			
STE 200	Nata I	-,							···		· <del></del>		· <del></del>	
CLEARWATER I	1 33756						City					Zip Co	nde	
OLD/WIN/IICH	L 001 <b>00</b>						City				FI	L   210 00		
The chaus name	entity submits thi	s statement	for the p	urpose	of changing its	s registere	ed-office or regi	stered agent,	or both, in th	e State of F	lorida.			
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER