

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 12, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000006271**1. Entity Name
BOOS/DAVIE, LLC

Principal Place of Business	Mailing Address
19321-C US HWY 19 NORTH STE 605 CLEARWATER FL 33764	19321-C US HWY 19 NORTH STE 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
65-0991126	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 STE 200 CLEARWATER FL 33756 US	Name STANLEY BRYAN JESQ Street Address (P.O. Box Number is Not Acceptable) 2700 SUNTRUST FINANCIAL CENTRE 401 E. JACKSON STREET City TAMPA FL Zip Code 337602

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOOS DEVELOPMENT GROUP 19321-C US HWY 19 NORTH, #605 CLEARWATER FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOOS DEVELOPMENT GROUP 2633 MCCORMICK DRIVE, SUITE 102 CLEARWATER FL 33759 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)