

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000006282

1. Entity Name

BOOTH SERVICES, INC.

Principal Place of Business

1424 NE EXPRESSWAY
ATLANTA GA

Mailing Address

1424 NE EXPRESSWAY
ATLANTA GA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3342078

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAULKNER, DONALD
3101 LAKE ELLEN LN
TAMPA FL 33618

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME BENNETT, JOSEPH R
STREET ADDRESS 958 ABINGTON CT
CITY-ST-ZIP STONE MOUNTAIN GA 30083

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME FIZER, DORIS M
STREET ADDRESS 1633 LENOX RD NE
CITY-ST-ZIP ATLANTA GA 30306

TITLE D ☒ Change ☐ Addition
NAME David Jeffrey
STREET ADDRESS 2543 Alpine Way
CITY-ST-ZIP Duluth, GA 30096

TITLE D ☐ Delete
NAME HAUPT, GARY
STREET ADDRESS 15318 WINDING CIR DR
CITY-ST-ZIP TAMPA FL 33613

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BUSBY, JOHN
STREET ADDRESS 2401 BELLE HAVEN MEADOWS COURT
CITY-ST-ZIP ALEXANDRIA VA 22306

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME COOPER, RAYMOND A
STREET ADDRESS 2269 DOGWOOD LN
CITY-ST-ZIP ATLANTA GA 30345

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WARD, AL H
STREET ADDRESS 2543 A;PINE WAY
CITY-ST-ZIP DULUTH GA 30136

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other, like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TITLE OF REGISTERED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90072 016 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)