

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 8:00 am  
Secretary of State

04-19-2001 90062 034 \*\*\*150.00

DOCUMENT # P000000038219

1. Entity Name

N/C 1/16/01 (TM)

BOOKOUT AND ASSOCIATES, INC

Principal Place of Business

Mailing Address

2803 N. OAKLAND FOREST DR

#205

FT. LAUDERDALE, FL 33309

2. Principal Place of Business

3. Mailing Address

228 N.E. 16th TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. LAUDERDALE

4. FEI Number

65-1059428

Applied For

Not Applicable

Zip

Country

Zip

Country

FL

33301

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

C0049167

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATRICIA BOOKOUT

Name

PATRICIA BOOKOUT

Street Address (P.O. Box Number is Not Acceptable)

2803 N. OAKLAND FOREST DR.

228 N.E. 16th TERRACE

#205

FT. LAUDERDALE, FL 33309

City

FT. LAUDERDALE

FL

Zip Code

33301

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

PATRICIA BOOKOUT

4/8/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P.  
PATRICIA S. BOOKOUT  
2803 N. OAKLAND FOREST DR. #205  
FT. LAUDERDALE, FL 33309

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P.  
PATRICIA S. BOOKOUT  
228 N.E. 16th TERRACE  
FT. LAUDERDALE, FL 33301

☒ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA S. BOOKOUT - President

4-8-01

954-764-7264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)