

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000073901

1. Entity Name

NEW BOOTS INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90020 024 ***150.00

Principal Place of Business

P O BOX 8345
TAMPA FL 33674-8345

Mailing Address

P O BOX 8345
TAMPA FL 33674-8345

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MYERS, RUSSELL T

4714 N HABANA #2102
TAMPA FL 33614

2716 W EDDY DR

7. Name and Address of New Registered Agent

Name

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

2716 W. EDDY Dr.

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

RUSSELL T. MYERS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MYERS, RUSSELL T
4714 N HABANA #2102
TAMPA FL 33614 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ARENAS, ARMANDO A
3711 SOUTHMORE #604
HOUSTON TX 77004 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ARENAS, CARMEN N
16725 RACE TRACK RD
ODESSA FL 33556 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
ARENAS, CHRISTINA
4014 W WATERS AVE #803
TAMPA FL 33614 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BOYKINS, JESIKA M
105 CROOKED CREEK RD
LITHONIA GA 30058 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
2716 W. Eddy Dr.

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

Carmen N. Arenas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carmen N. Arenas 25 April 2001 (813) 920-2356
Date Daytime Phone #

CR2E034 (10/00)