

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90096 023 \*\*\*150.00

**DOCUMENT # P02000013434**

1. Entity Name  
**BOOTH EQUIPMENT SERVICE TEAM, INC.**



Principal Place of Business  
**64 TRANSYLVANIA AVENUE  
UNIT 1  
KEY LARGO FL 33037**

Mailing Address  
**64 TRANSYLVANIA AVENUE  
UNIT 1  
KEY LARGO FL 33037**



2. Principal Place of Business  
**2 NORWOOD Avenue**  
Suite, Apt. #, etc.

3. Mailing Address  
**2 NORWOOD Avenue**  
Suite, Apt. #, etc.

City & State  
**Key LARGO FL**  
Zip  
**33037**  
Country  
**USA**

City & State  
**Key LARGO FL**  
Zip  
**33037**  
Country  
**USA**

4. FEI Number  
**043619636**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name  
**EDNA M HOROWITZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**208 TIDE Avenue**  
City  
**TAVERNIER FL** Zip Code  
**33070**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Edna M. Horowitz* **EDNA M. HOROWITZ, Reg. Agent**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**2/28/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD BOOTH, KATHERINE J 64 TRANSYLVANIA AVENUE UNIT 1 KEY LARGO FL 33037</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Address</b> <b>2 NORWOOD Avenue Key LARGO FL 33037</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JAMES A BOOTH 2 NORWOOD Ave Key LARGO FL 33037</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

CR2E034 (10/02)

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 607, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*K Booth* **Feb 28/03** **305-453-1404**  
Date Daytime Phone #