

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-07-2003 90077 047 ***150.00

DOCUMENT # P02000120254

1. Entity Name
SOUL BOOT, INC.



Principal Place of Business
**3617 SW 16TH STREET
FORT LAUDERDALE FL 33312**

Mailing Address
**3617 SW 16TH STREET
FORT LAUDERDALE FL 33312**



2. Principal Place of Business
3617 S.W. 16th
Suite, Apt. #, etc.
Ft. Land.

3. Mailing Address
3617 S.W. 16th
Suite, Apt. #, etc.

City & State
FLA.

City & State

4. FEI Number
04-3727309

☒ Applied For
☐ Not Applicable

Zip
33312

Country
Broward

Zip
33312

Country
Broward

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

6. Name and Address of Current Registered Agent

**AUERBACH, JAY E E
2338 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) 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 **PT** ☐ Delete
NAME **O'CONNOR, HUGH**
STREET ADDRESS **3617 SW 16TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **SV** ☐ Delete
NAME **O'CONNOR, BEVERLY**
STREET ADDRESS **3617 SW 16TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 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: **4/10/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/03

Date

Daytime Phone #

954-583-7825

CR2E034 (10/02)