

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **99000045835**
 1. Entity Name **Boss Entertainment, Inc**

FILED

00 MAR 23 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business **County Pin**
1221 3rd Bch Rd
PCB FL 32407

Mailing Address **Box 19272**

2. Principal Place of Business **County Pin**
 Suite, Apt. #, etc.

3. Mailing Address **Box 19272**
 Suite, Apt. #, etc.

City & State **PCB, FL**
 Zip **32407** Country **USA**

City & State **PCB FL**
 Zip **32417** Country **USA**

4. FEI Number **59-3575589**
 Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Gym McCallum
PO Box 9303
PCB, FL 32417

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
405 Fairway Blvd
 City **PCB** FL Zip Code **32407**

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

(NOTE: Registered Agent signature required when reinstating)

000003217690-1
-04/21/00-01007-006
******211.45 ****150.00**
 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, 2000 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	Pres W D McCallum 405 Fairway Blvd PCB FL 32407	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Dick Wall 405 Fairway Blvd PCB FL 32407	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Treas Temple McCallum 405 Fairway Blvd PCB FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas/Sec Amy McCallum 405 Fairway Blvd PCB FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Gym McCallum 405 Fairway Blvd PCB FL 32407	<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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Pres G McCallum 405 Fairway Blvd PCB FL 32407	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Gym McCallum**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-00 **2361009**
 Date Daytime Phone #

CR2E034 (9/99)