

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106590

1. Entity Name

BOS'N, INC.

**FILED**  
**Feb 25, 2000 8:00 am**  
**Secretary of State**

02-25-2000 90018 004 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O MARGARET E. FOWLER  
1202 DRIFTWOOD LANE  
FORT PIERCE FL 34982

C/O MARGARET E. FOWLER  
1202 DRIFTWOOD LANE  
FORT PIERCE FL 34982

2. Principal Place of Business

787 SE PORT ST. LUCIE BLVD

3. Mailing Address

787 SE PORT ST. LUCIE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FL

City & State

PORT ST. LUCIE, FL

4. FEI Number

65-0964979

Applied For

Not Applicable

Zip

34984

Country

ST. LUCIE

Zip

34984

Country

ST. LUCIE

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

EDGE, JOSEPH  
C/O THE TAX SHOPPE  
932 S.W. BAYSHORE BLVD.  
PORT ST. LUCIE FL 34983

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.

SIGNATURE

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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P	MARGARET E. FOWLER	6868 NW JORGENSEN RD	PT. ST. LUCIE, FL 34983	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
V	MICHAEL E. FOWLER	1202 DRIFTWOOD LANE	FORT PIERCE, FL 34982	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
S/T	TRACY A. PRICE	221 RIC MAR DR	PT. ST. LUCIE, FL 34952	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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: *Tracy A. Price*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/00

Date

561-785-6591

Daytime Phone #

CR2E034 (9/99)