## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # V63278** May 01, 2000 8:00 am Secretary of State BOULEVARD BOOKS, INC. 05-01-2000 90388 016 \*\*\*150.00 Principal Place of Business Mailing Address 1016 BUENA VISTA BLVD., P.C. PO BOX 16267 PANAMA CITY FL 32406-6267 PANAMA CITY FL 32401 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3141974 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MULLIGAN, GEORGE R. Street Address (P.O. Box Number is Not Acceptable) 1016 BUENA VISTA BLVD. PANAMA CITY FL 32401 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE NAME NAME MULLIGAN, GEORGE R. STREET ADDRESS STREET ADDRESS 1016 BUENA VISTA BLVD. CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL Addition ☐ Delete ☐ Change TITLE TITLE NAME **MULLIGAN. BARBARA** NAME STREET ADDRESS STREET ADDRESS 1016 BUENA VISTA BLVD. CITY-ST-7IP CITY-ST-ZIP PANAMA CITY FL ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

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:

| SIGNATURE AND TUBE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone \*