

# 2001 UNIFORM BUSINESS REPORT (UBR)

01 APR 25 AM 10:55  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 FILED  
 01 APR 25 AM 10:55  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

0007459 AF

**DOCUMENT #** L00000006178

**1. Entity Name**  
 13OVER30 LLC

**Principal Place of Business**  
 1591 EAST ATLANTIC BLVD., SUITE 200  
 POMPANO BEACH FL 33060

**Mailing Address**  
 1591 EAST ATLANTIC BLVD., SUITE 200  
 POMPANO BEACH FL 33060



**2. Principal Place of Business**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**3. Mailing Address**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

DO NOT WRITE IN THIS SPACE

**4. FEI Number** NOT Applicable ☒ Applied For Not Applicable

**5. Certificate of Status Desired** ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 CARLTON MANAGEMENT, INC.  
 1591 EAST ATLANTIC BLVD., SUITE 200  
 POMPANO BEACH FL 33060

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS / MEMBERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, SHARON P.O. BOX 2 ANGUILLA, BRITISH VIRGIN ISL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COWAP, PAULINE SOVEREIGN HOUSE, STATION ROAD ST. JOHNS, ISLE OF MAN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURPHY, GRAHAM SOVEREIGN HOUSE, STATION ROAD ST. JOHNS, ISLE OF MAN	<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

**10. ADDITIONS / CHANGES**

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
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

000004138540--2  
 -05/07/01--01012--021  
 \*\*\*2100.00 \*\*\*\*\*50.00

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED** 4/23/01 954 943-1498

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)