| 2000 | UNIFORM | BUSINESS | REPORT | (UBR |
|------|---------|-----------------|---------------|------|
|------|---------|-----------------|---------------|------|

| DOCUMENT # L9700000028 1. Entity Name THE BOY'S MOOSE LIMITED COMPANY | | | | | FILED | 1/2 | / | |
|---|--|---|---|---|---|--|------------------------------|--|
| INE BOT | 3 WOOSE LIMITED COMP | AIVI | | | 00 MAR -8 AM 10 | >/ ・50 | 21 | |
| 2340 PERIWIN SUITE 1-2 | | Mailing Address 2340 PERIWINKLE WAY SUITE 1-2 | | | SECRETARY OF STALLAHASSEE FLO | | | |
| SANIBEL ISLAND FL 33957 | | SANIBEL ISLAND FL 33957-3220 | | | | | | |
| 2. Principal Place of Business 2340 Periwnkle Way | | 3. Mailing Address 2340 Periwinkle Way | | | DO NOT WRITE IN THIS SPACE | | | |
| Suite, Apt. #, etc. Suite I-2 | | Suite, Apt. #_etc. Suite I-2 | | 4 550 | | | | |
| City & State Sanibe | Island, Florida | City & State Sanibel Isla | nd, Florida | a. 4. FEI 8 | 65-0731444 | N | pplied For ot Applicable | |
| Zip 3 | 33957 Country USA 6. Name and Address of Current I | Zip 33957 | Country USA | | ficate of Status Desired e and Address of New Reg | S5.00 Ad | ditional ed . | |
| 2340 PERI SUITE I-2 | ROBERT LEE III WINKLE WAY SLAND FL 33957 | | Street Ac | Robert Lee | Ratliff III Jumber is Not Acceptable) inkle Way, Suit | ce I-2 | le 33957 | |
| | | m | | registered agent, | | | | |
| | Signature, typed or printed name of registered agent a | FILE N | E Registered Agent signatu OW!!! FEE IS \$ ayable to Departr | ure required when reinsta | | DATE | | |
| | Signature, typed or printed name of registered agent a | FILE N Make Check Pa | E Registered Agent signatu | ure required when reinsta | | DATE | | |
| SIGNATURE . ITLE AME TREET ADDRESS | | FILE N Make Check Pa | E Registered Agent signatu OW!!! FEE IS \$ ayable to Departr | 50.00 ment of State MGR Berg, Mi 2340 Per | ADDITIONS/CE chael iwinkle Way, Su | HANGES Change | Addition | |
| TILE AME TY-ST-ZIP TILE AME TREET ADDRESS TIY-ST-ZIP TILE AME | MANAGING MEMBE MGR BERG, MICHAEL 2340 PERIWINKLE WAY SANIBEL ISLAND FL 33957 MGR REINSDORF, STEFAN 2340 PERIWINKLE WAY | FILE N Make Check Pa | E: Registered Agent signature OW!!! FEE IS \$ ayable to Departr 10. TITLE NAME STREET ADDRESS | MGR Berg, Mi 2340 Per Sanibel MGR Reinsdor 2340 Per | ADDITIONS/CI chael iwinkle Way, Su Island, Florida f, Stefan iwinkle Way, Su | HANGES **Changa nite I-2 nite I-2 nite I-2 nite I-2 | Addition | |
| ITLE AMME TREET ADDRESS TITY-ST-ZIP TITLE AMME TREET ADDRESS TITY-ST-ZIP TITLE AMME TREET ADDRESS | MANAGING MEMBE MGR BERG, MICHAEL 2340 PERIWINKLE WAY SANIBEL ISLAND FL 33957 MGR REINSDORF, STEFAN | FILE No. Make Check Pa ERS/MEMBERS Detets | E: Registered Agent signature OW!!! FEE IS \$ ayable to Departr 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS | MGR Berg, Mi 2340 Per Sanibel MGR Reinsdor 2340 Per Sanibel MBR Ratliff, 2340 Per | ADDITIONS/CE chael iwinkle Way, Su Island, Florida f, Stefan iwinkle Way, Su Island, Florida Robert Lee III iwinkle Way, Su | DATE HANGES Change Tite I-2 1.33957 Change Tite I-2 1.33957 Change | | |
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| SIGNATURE ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME | MANAGING MEMBE MGR BERG, MICHAEL 2340 PERIWINKLE WAY SANIBEL ISLAND FL 33957 MGR REINSDORF, STEFAN 2340 PERIWINKLE WAY SANIBEL ISLAND FL 33957 MBR RATLIFF, ROBERT L III 2340 PERIWINKLE WAY | FILE No Make Check Pa | E: Registered Agent signature OW!!! FEE IS \$ ayable to Departr 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | MGR Berg, Mi 2340 Per Sanibel MGR Reinsdor 2340 Per Sanibel MBR Ratliff, 2340 Per | ADDITIONS/CI chael iwinkle Way, Su Island, Florida f, Stefan iwinkle Way, Su Island, Florida Robert Lee III iwinkle Way, Su Island, Florida | HANGES Change ite I-2 33957 Change ite I-2 33957 Change | Addition Addition Addition | |

limited liability company on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

941-395-1300

Date

Daytime Phone #