

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

UD06231 AF

DOCUMENT # **L99000004693**

1. Entity Name  
**1234MSB.COM, L.L.C.**

00 MAY -3 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
**1301 W. BOYNTON BEACH BLVD.  
BOYNTON BEACH FL 33426**      **1301 W. BOYNTON BEACH BLVD.  
BOYNTON BEACH FL 33426-3402**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>52-2214830</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

**6. Name and Address of Current Registered Agent**

**SHERER, SAMUEL B  
1301 W. BOYNTON BEACH BLVD.  
BOYNTON BEACH FL 33426**

**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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MACKINAC SAVINGS BANK, FSB 1301 W. BOYNTON BEACH BLVD. BOYNTON BEACH FL 33426</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300003268718-0 -05/26/00--01084--013 *****50.00 *****50.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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]* **SIGNATURE REQUIRED**      Date: **4/26/00**      Daytime Phone #: **561-736-8900**

CR2E083 (9/99)