

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90455 001 *1,200.00

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

3. Mailing Address

SUITE, APT. #, ETC.

SUITE, APT. #, ETC.

CITY & STATE

CITY & STATE

ZIP

COUNTRY

ZIP

COUNTRY

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARLTON MANAGEMENT, INC.
1591 EAST ATLANTIC BLVD., SUITE 200
POMPANO BEACH FL 33060**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SMITH, SHARON
P.O. BOX 2
ANGUILLA, BRITISH VIRGIN ISL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
COWAP, PAULINE
SOVEREIGN HOUSE, STATION ROAD
ST. JOHNS, ISLE OF MAN**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MURPHY, GRAHAM
SOVEREIGN HOUSE, STATION ROAD
ST. JOHNS, ISLE OF MAN**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

DAYTIME PHONE #

4/24/02

CR2E083 (9/01)