

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90078 004 \*\*\*\*50.00

**DOCUMENT # L00000001375**

1. Entity Name

**PALM BEACH HOMEBUYERS, LLC**

Principal Place of Business

1382 E. WOODCREST ROAD  
 WEST PALM BEACH FL 33417

Mailing Address

1382 E. WOODCREST ROAD  
 WEST PALM BEACH FL 33417

2. Principal Place of Business

528 N. FLORIDA AVE  
 Suite, Apt. #, etc.

3. Mailing Address

528 N. FLORIDA AVE  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Deland, FL

City & State

Deland, FL

4. FEI Number

65-1053623

Applied For

Not Applicable

Zip

32720

Country

USA

Zip

32720

Country

USA

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**BUROZSKI, ROBERT P**  
 1382 E. WOODCREST ROAD  
 WEST PALM BEACH FL 33417

7. Name and Address of New Registered Agent

Name: **Burozski, Robert P.**  
 Street Address (P.O. Box Numbers Not Acceptable): **528 N. FLORIDA AVE**  
 City: **Deland** FL Zip Code: **32720**

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

*Robert P. Burozski* Robert P. Burozski, Pres. 4/05/2002  
Signature of registered agent 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	<input type="checkbox"/> Delete
PS	BUROZSKI, ROBERT P	1382 E. WOODCREST ROAD E	WEST PALM BEACH FL 33417	<input type="checkbox"/>
VT	OLSON, LINDA K	1382 E. WOODCREST ROAD E	WEST PALM BEACH FL 33417	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PS	Burozski, Robert P	528 N. FLORIDA AVE	Deland, FL 32720	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VT	OLSON, Linda	528 N. FLORIDA AVE	Deland, FL 32720	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Linda K. Olson* Linda K. Olson Vice Pres, Treas. 4/5/2002 386-785-0946  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CF2E083 (9/01)