

2001 UNIFORM BUSINESS REPORT (UBR)

0004946 AF

DOCUMENT # L00000006119

1. Entity Name
BLUE VERDE, LC

FILED

01 APR -4 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

16204 PLANTATION LAKES CIRCLE
SANFORD FL 32771

Mailing Address

16204 PLANTATION LAKES CIRCLE
SANFORD FL 32771



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2160 HOWLAND BLVD.
Suite, Apt. #, etc.
104

3. Mailing Address

16204 PLANTATION LAKES CIRCLE

Suite, Apt. #, etc.

City & State

DELTONA FL

City & State

SANFORD FL

4. FEI Number

59 - 365 40 33

Applied For

Not Applicable

Zip

32738

Country

USA

Zip

32771

Country

USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WICKMAN & WYCKOFF, P.A.
4909 MANATEE AVENUE WEST
BRADENTON FL 34209

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

000003995910--1
--04/13/01--01010--006
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME COBB, MARK T
STREET ADDRESS 11901 4TH STREET N., APT. 316
CITY-ST-ZIP ST. PETERSBURG FL 33716 ☐ Delete

TITLE Manager
NAME COBB, MARK
STREET ADDRESS 16204 PLANTATION LAKES CIRCLE
CITY-ST-ZIP SANFORD, FL 32771 ☒ Change ☐ Addition

TITLE MGR
NAME COBB, JENNIFER
STREET ADDRESS 11901 4TH STREET N., APT. 316
CITY-ST-ZIP ST. PETERSBURG FL 33716 ☐ Delete

TITLE Manager
NAME COBB, JENNIFER
STREET ADDRESS 16204 PLANTATION LAKES CIRCLE
CITY-ST-ZIP SANFORD, FL 32771 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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: Jennifer Cobb

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

03/29/01 407-688-2322

Date

Daytime Phone #

CR2E083 (11/00)