

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90191 024 ****50.00

DOCUMENT # L00000008617

1. Entity Name
WEST BOCA, L.L.C.

Principal Place of Business Mailing Address
4152 W. BLUE HERON BLVD., SUITE 116 **4152 W. BLUE HERON BLVD., SUITE 116**
RIVIERA BEACH FL 33404 **RIVIERA BEACH FL 33404**

2. Principal Place of Business 3. Mailing Address
7711 N. Military Trail **7711 N. Military Trail**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
3rd Floor **3rd Floor**

City & State City & State
Palm Beach Gardens, FL **Palm Beach Gardens, FL**

Zip Country Zip Country
33410 **Palm Beach** **33410** **Palm Beach**

4. FEI Number **65-1048638** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

SCHICKEDANZ, W.K.
4152 W. BLUE HERON BLVD., SUITE 116
RIVIERA BEACH FL 33404

7. Name and Address of New Registered Agent

Name **Schickedanz, W.K.**
 Street Address (P.O. Box Number is Not Acceptable)
7711 N. Military Trail
3rd Floor
 City **Palm Beach Gardens** **FL** Zip Code **33410**

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 *Waldemar K. Schickedanz* **01/10/2002**
 Signature, typed or printed name of registered agent and date of signature (NOTE: Registered agent must sign and date when reinstating)

Waldemar K. Schickedanz, Registered Agent

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **SCHICKEDANZ CAPITAL GROUP, L.L.C.**
 STREET ADDRESS **4152 W. BLUE HERON BLVD., SUITE 116**
 CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **7711 N. Military Trail, 3rd Floor**
 CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 CITY-ST-ZIP

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: *Waldemar K. Schickedanz* **SIGNATURE REQUIRED**

01/10/2002

561-845-8797

SIGNATURE

WALDEMAR K. SCHICKEDANZ, PRESIDENT, SCHICKEDANZ CAPITAL GROUP, L.L.C.

Date

Daytime Phone #

CR2E083 (9/01)

0033152