

# 2001 UNIFORM BUSINESS REPORT (UBR)

0014104 AF

DOCUMENT # **L00000011687**

1. Entity Name  
**RAGS UNLIMITED & SUPPLY, LLC**

**FILED**

01 FEB 14 PM 4:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**13809 EXOTICA LANE  
WELLINGTON FL 33414**

Mailing Address  
**13809 EXOTICA LANE  
WELLINGTON FL 33414**

2. Principal Place of Business  
**407 SOUTH 3RD ST.**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO BOX 3203**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**LANTANA, FL.**  
Zip  
**33462**

City & State  
**LANTANA, FL.**  
Zip  
**33465-3203**

4. FEI Number  
**65-1041376**

Applied For  
 Not Applicable

Country  
**USA**

Country  
**U.S.A.**

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

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

**MASLOW, JON  
13809 EXOTICA LANE  
WELLINGTON FL 33414**

**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  Delete  
NAME **MGR MASLOW, JON**  
STREET ADDRESS **13809 EXOTICA LANE**  
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**700003707891  
-02/16/01--01117--020  
\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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TITLE  Delete  
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CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
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: **JON MASLOW** **2-10-2001** **561-582-5092**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CRSE083 (1/1/00)