

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 MAY -3 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000013113

1. Entity Name
KWIKPOP LLC

Principal Place of Business
6125 BIRCHTREE TERRACE
LAKE WORTH FL 33467

Mailing Address
6125 BIRCHTREE TERRACE
LAKE WORTH FL 33467



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6125 BIRCHTREE TERRACE
Suite, Apt. #, etc.

3. Mailing Address
6125 BIRCHTREE TERRACE
Suite, Apt. #, etc.

City & State
LAKE WORTH FLORIDA

City & State
LAKE WORTH FLORIDA

4. FEI Number
65-1049512

Applied For
Not Applicable

Zip
33467

Country
PALM BEACH

Zip
33467

Country
PALM BEACH

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

HARRISON, WAYNE
6125 BIRCHTREE TERRACE
LAKE WORTH FL 33467

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HARRISON, WAYNE D
6125 BIRCHTREE TERRACE
LAKE WORTH FL 33467 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SHEARER, CHARLES D
126 TINDALE CIRCLE
LONGWOOD FL 32779 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ Delete

TITLE
NAME
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:

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

4/30/2001 56 863 8156

Date

Daytime Phone #

CR2E083 (11/00)