

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013450

1. Entity Name

TIMEZONE ENTERPRISES, LLC

FILED

Principal Place of Business

1031 ANGLER COVE. APT. 304  
MARCO ISLAND FL 34145

Mailing Address

1031 ANGLER COVE. APT. 304  
MARCO ISLAND FL 34145

01 AUG 27 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

P.O. Box 846

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

MARCO ISLAND, FL

4. FEI Number

8-21-01

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

34146

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
JASON BOERING  
1031 ANGLER COVE (APT. A-304)  
MARCO ISLAND, FL 34145

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE PRESIDENT  
NORMAN BOERING  
850 PALM ST. (APT. D-8)  
MARCO ISLAND, FL 34145

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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900004562919-4  
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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:

J. BOERING

7-13-01

(941) 248-8439

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

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE