2001 UNIFORM BUSINESS REPORT (UBR)										
DOCUMENT # L0000014328							* * /			
BUBOLZ ENTERPRISES, L.L.C.							FILE	D		
Principal Pla	Mailing Address	ng Address			01 FEB -8 AM 10: 26					
13176-A QUIET WOODS ROAD WELLINGTON FL 33414		13176-A QUIET WOODS ROAD WELLINGTON FL 33414		į	SE TAL	CRETARY OF CAHASSEE, F	STATE FLORIDA			
	Place of Business Same as above	3. Mailing Address				,		 	(5)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI Number				oplied For of Applicable	
Zip	Country Zip		Country	Country			ficate of Status Desired	d 🗆	\$5.00 Add	
	6Name and Address of Current R	egistered Agent		Name		-7.≖Name	and Address of Nev	v Registered	d Agent	رخ ے کن <u>دے ہے۔</u>
BUBOLZ, LEROY J 13176-A QUIET WOODS ROAD			-	Street A	Address (P.O. Box Number is Not Acceptable)					
WELLINGTON FL 33414			-	City FL Zip Code						e
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 Jenature required when reinstating) FILE NOW!!! FEE IS \$50.00							-2001			
		Make Check Pay	able to I			State				
9. TITLE	MANAGING MEMBER	- Delete	10.		TRE	ASU		IS/CHANGE	S Change	Addition
NAME STREET ADDRESS CITY+ST-ZIP	SS		1	STREET ADDRESS 1317			Cathy QUIET WO GTON, FL	00s R	٥.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET A CITY-ST-	- 1	MAN Bub 1317	AGIN olz, l b-A.	G MEMBER LCROY QUIET WO ITON, FL 3:	/OWNE XDS RÎ	12 □ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET A CITY-ST-	- 1	~ ,			1675 3/010 *50.00	□ Change 311 = 0 1021 = 0 *****5	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-		•		M		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	t i,	☐ Delete	TITLE NAME STREET AI CITY-ST-						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET AI CITY-ST-						☐ Change	☐ Addition
11. I hereby certify that the information supplied with this filling 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: LEROY TO BULLER OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Proce #