

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90059 011 \*\*\*\*50.00

**DOCUMENT # L00000014328**

1. Entity Name

**BUBOLZ ENTERPRISES, L.L.C.**

Principal Place of Business

**13176-A QUIET WOODS ROAD  
WELLINGTON FL 33414**

Mailing Address

**13176-A QUIET WOODS ROAD  
WELLINGTON FL 33414**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

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

**BUBOLZ, LEROY J  
13176-A QUIET WOODS ROAD  
WELLINGTON FL 33414**

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
**BUBOLZ, CATHY**  
STREET ADDRESS **13176-A QUIET WOODS RD.**  
CITY-ST-ZIP **WELLINGTON FL 33414**

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

TITLE NAME ☐ Delete  
**MGRM**  
**BIBOLZ, LEROY**  
STREET ADDRESS **13176-A QUIET WOODS RD.**  
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE NAME ☒ Change ☐ Addition  
**MGRM**  
**BUBOLZ, LEROY**  
STREET ADDRESS **13176-A QUIET WOODS RD**  
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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TITLE NAME ☐ Delete  
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

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

Date

Daytime Phone #

**LEROY J. BUBOLZ**  
**2/12/02 (561) 791-1454**

CR2E083 (9/01)