

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90025 007 ****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 |
| 6. Name and Address of Current Registered Agent BUBOLZ, LEROY J 13176-A QUIET WOODS ROAD WELLINGTON FL 33414 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE | | DATE | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |



CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BUBOLZ, CATHY 13176-A. QUIET WOODS RD. WELLINGTON FL 33414 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BUBOLZ, LEROY 13176-A. QUIET WOODS RD. WELLINGTON FL 33414 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *LeRoy J. Bubolz* **REQUIRE** *LeRoy J. Bubolz MGRM 4/23/03 (501) 791-1454*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CP2E083 (10/02)