

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015336

1. Entity Name

CPA WEALTH INVESTMENTS, LLC

Principal Place of Business

Mailing Address

215 BAYTREE DRIVE
MELBOURNE, FLORIDA 32940

215 BAYTREE DRIVE
MELBOURNE, FLORIDA 32940

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3685525

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

THOMAS L. KIRK
215 BAYTREE DRIVE
MELBOURNE, FLORIDA 32940

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

Thomas L. Kirk

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

7000004422477-5
-06/15/01--01062--005
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME THOMAS L. KIRK
STREET ADDRESS 215 BAYTREE DRIVE
CITY-ST-ZIP MELBOURNE, FLORIDA 32940

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

TITLE MGR ☐ Delete
NAME CHARLES W. HOYMAN, JR.
STREET ADDRESS 215 BAYTREE DRIVE
CITY-ST-ZIP MELBOURNE, FLORIDA 32940

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

TITLE MGR ☐ Delete
NAME BARBARA J. OSWALT
STREET ADDRESS 215 BAYTREE DRIVE
CITY-ST-ZIP MELBOURNE, FLORIDA 32940

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
NAME
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:

Thomas L. Kirk

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

THOMAS L. KIRK

4-27-01

Date

321-255-0088

Daytime Phone #

CR2E083 (11/00)