

# 2002 UNIFORM BUSINESS REPORT (UBR)

00220600

DOCUMENT # L00000016096

1. Entity Name

PONCE INLET ANTIGUA L.L.C.

FILED

02 MAY 13 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

8500 RIDGEWOOD AVE., #301  
CAPE CANAVERAL FL 32920

Mailing Address

8500 RIDGEWOOD AVE., #501  
CAPE CANAVERAL FL 32920

2. Principal Place of Business

4 MARINA ISLES BLVD

3. Mailing Address

4 MARINA ISLES BLVD

Suite, Apt. #, etc.

302

Suite, Apt. #, etc.

302

City & State

INDIAN HARBOUR BEACH, FL

City & State

INDIAN HARBOUR BEACH, FL

Zip

32937

Country

USA

Zip

32937

Country

USA

4. FEI Number

59-3694035 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, ALAN

8500 RIDGEWOOD AVE., #501  
CAPE CANAVERAL FL 32920

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4 MARINA ISLES BLVD,

SUITE 302

City  
INDIAN HARBOUR BEACH

FL

Zip Code

32937

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

ALAN THOMAS

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

(NOTE: Registered Agent signature required when reinstating)

02/06/02

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME THOMAS, ALAN  
STREET ADDRESS 8500 RIDGEWOOD AVE., SUITE 301  
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS 4 MARINA ISLES BLVD, STE. 302  
CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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:

SIGNATURE REQUIRED

ALAN THOMAS

02/06/02

321-

779-3696

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

Date

Daytime Phone #

CR2E083 (9/01)