

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90115 045 ****50.00

DOCUMENT # L01000003321

1. Entity Name

BOILER INSPECTION SERVICES, LLC

Principal Place of Business

**6278 N. FEDERAL HIGHWAY, SUITE 411
 FORT LAUDERDALE FL 33308**

Mailing Address

**6278 N. FEDERAL HIGHWAY, SUITE 411
 FORT LAUDERDALE FL 33308**

2. Principal Place of Business

6278 N. Federal Highway

Suite, Apt. #, etc.

Suite 411

City & State

Fort Lauderdale, FL

Zip

Country

33308

USA

3. Mailing Address

6278 N. Federal Highway

Suite, Apt. #, etc.

Suite 411

City & State

Ft Lauderdale, FL

Zip

Country

33308

USA

4. FEI Number

65-1084483

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HEWITT, JOHN W

10625 N. MILITARY TRAIL, SUITE 208

PALM BEACH GARDENS FL 33410-6552

7. Name and Address of New Registered Agent

Name

(Same) John Hewitt

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

10625 N. Military Trail

City

Palm Beach Gardens

FL

Zip Code

33410-6552

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

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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
President
Peter J Castiglione
1592 Sandy Springs Dr.
Orange Park, FL 32063

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Vice President
John Mitchell
6278 N. Federal Highway
Fort Lauderdale, FL 33308

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10. ADDITIONS/CHANGES

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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:

SIGNATURE REQUIRED
Peter J. Castiglione

8-26-02

(904) 553-0800

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

Date

Daytime Phone #

CR2E083 (4/02)