

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000003576

1. Entity Name

1ST STREET 8 UNIT CONDO, L.L.C.

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90139 028 ****50.00

975487



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

101 STARCREST DR.
 CLEARWATER FL 33765

101 STARCREST DR.
 CLEARWATER FL 33765

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

59-3705686

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

LOVELACE, WILLIAM K ESQ.
 401 S. LINCOLN AVE.
 CLEARWATER FL 33756

Name

Tim Bouchard

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

101 STARCREST DR

City

CLEARWATER

FL

33768

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

Tim Bouchard

Tim Bouchard

8/6/02

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

10. ADDITIONS/CHANGES

TITLE ~~SECRETARY~~ ☐ Delete
 NAME Timothy A. Bouchard
 STREET ADDRESS 977 PT Seaside Dr. Box 868
 CITY-ST-ZIP CRYSTAL BEACH, FL. 34681

TITLE ~~VICE PRESIDENT~~ ☐ Delete
 NAME Ray Bouchard
 STREET ADDRESS 1962 Downing Place
 CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE ~~VICE PRESIDENT~~ ☐ Delete
 NAME Rick Bouchard
 STREET ADDRESS 1350 5460 CT
 CITY-ST-ZIP DUNEDIN, FL 34698

TITLE ~~PRESIDENT~~ ☐ Delete
 NAME Robert Scartozzi
 STREET ADDRESS 1877 N. Highland AVE.
 CITY-ST-ZIP TARDON SPRINGS, FL 34689

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Tim Bouchard

8/6/02

727-447-6481

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

Date

Daytime Phone #

CR2E083 (4/02)