## **2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # L0100008060

1. Entity Name



## FILED Apr 03, 2003 8:00 am Secretary of State

04-03-2003 90012 033 \*\*\*\*50.00

ļ	POWER BOATS, LLC			7				
Principal Place 811 11TH AVE. BRADENTON F		Mailing Address 811 11TH AVE. WEST BRADENTON FL 34205						
2 Principal P	Place of Business	3. Mailing Address						
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MA	AKING CHANGES	· · · · · · · · · · · · · · · · · · ·	
City & State		City & State		4. FEI Numb	per <b>06-1643878</b>		pplied For lot Applicable	
Zip	Country	Zip	Country	5. Certificate	e of Status Desired	\$5.00 Ac		
	6. Name and Address of Current	Registered Agent		7. Name an	d Address of New Regist	<u>·</u>		
SCHULTZ, ROBERT H			Name	Name				
110	1 9TH AVENUE WEST DENTON FL 34205		Street Address	Street Address (P.O. Box Number is Not Acceptable)				
							{	
		·	City			FL Zip Cod	de	
	named entity submits this statement for ions of register diagent	the purpose of changing its re	egistered office or registe	ered agent, or bo	oth, in the State of Florida.	I am familiar with	, and accept	
٠.		معيد في السا	-					
SIGNATURE :	Significant state of the state	<del></del>	Registered Agent signature requin	ed when reinstating)		DATE		
	ن مستوره علمه را روم	•	W!!! FEE IS \$50.00					
		Make Check Payable	e to Florida Departm By May 1, 2003	ent of State				
9.	MANAGING MEMBE		10.		ADDITIONS/CHA	NGES		
TITLE	MGR	Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	Wagner, Gary L 1909 25TH AVE W		NAME				I	
CITY-ST-ZIP	BRADENTON FL 34205		STREET ADDRESS CITY-ST-ZIP					
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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: 🕹

ANAGER, OR AUTHORIZED REPRESENTATIVE