

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90070 018 \*\*\*\*50.00

**DOCUMENT # L01000012212**

1. Entity Name

**SUMMER BAY JEWELERS, L.L.C.**

Principal Place of Business

17455 US HIGHWAY 192 SUITE A  
 CLERMONT FL 34711

Mailing Address

17455 US HIGHWAY 192 SUITE A  
 CLERMONT FL 34711

86312

2. Principal Place of Business

3. Mailing Address

S. B. J. / John Weiss

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 3186

City & State

City & State

Pompano Beach FL

Zip

Country

Zip

Country

33072

4. FEI Number

59-3738232

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

CLARK, THOMAS M  
 2400 EAST COMMERCIAL BLVD., SUITE 820  
 FT. LAUDERDALE FL 33308

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

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MGRM  
 WEISS, JOHN  
 17455 US HIGHWAY 192 SUITE A  
 CLERMONT FL 34711 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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**

4/02/02 954782-4806

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

Date

Daytime Phone #

CR2E063 (9/01)