

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91595 041 ****50.00

DOCUMENT # L01000015813

1. Entity Name
BOARDWALK ONE, LLC

Principal Place of Business

**6014 CEDAR ST. N.E.
 ST. PETERSBURG FL 33703**

Mailing Address

**6014 CEDAR ST. N.E.
 ST. PETERSBURG FL 33703**

968259



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PO Box 56475

3. Mailing Address

PO Box 56475

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
St. Petersburg FL

City & State
St. Petersburg FL

4. FEI Number
59-3747465

Applied For
 Not Applicable

Zip
33732

Country
USA

Zip
33732

Country
USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DONOVAN, MARC
 6014 CEDAR ST. N.E.
 ST. PETERSBURG FL 33703**

7. Name and Address of New Registered Agent

Name ~~DONOVAN, MARC~~ **No changes**
 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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☒ Addition
 NAME **MGRM**
 STREET ADDRESS **Boardwalk Trust dated 1/15/99**
 CITY-ST-ZIP **PO Box 56475**
St. Petersburg FL 33732

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: **Trussee Boardwalk Trust dated 1/15/99**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # **727-688-4437**

CR2E083 (9/01)