2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000018121

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

OCEAN DRIVE ACCESSORIES, LLC

05-12-2002 90582 030 ****50 00 07-25-2002 90128 008 ****50.00 Principal Place of Business Mailing Address 3120 SOUTH OCEAN BLVD. 3120 SOUTH OCEAN BLVD. WEST PALM BEACH FL 33480 WEST PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 03-0413716 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOLDSTEIN, LEE 3120 SOUTH OCEAN BLVD. Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33480 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES ☐ Delete T!T! F ☐ Addition П Сһалде NAME STREET ADDRESS STREET ADDRESS CR2E083 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ---TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

FILED

Jul 25, 2002 8:00 am Secretary of State

☐ 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.

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CiTY-ST-ZIP