

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2002 8:00 am
Secretary of State

05-03-2002 90038 033 ***150.00

DOCUMENT # **LQ 000022462**

1. Entity Name

COAST TO COAST LEGAL DATA LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20869 PINAR TRAIL

Suite, Apt. #, etc.

3. Mailing Address

20869 PINAR TRAIL

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

33433

Country

USA

Zip

33433

Country

USA

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

7. Name and Address of Current Registered Agent

Name

HENRY FISCHER

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

20869 PINAR TRAIL

City

BOCA RATON

FL

Zip Code

33433

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

Henry J. Fischer

Signature, typed or printed name of registered agent and title if applicable.

5/30/02

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**M- FISCHER, HENRY
20869 PINAR TRAIL
BOCA RATON FL 33433**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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 this limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Henry J. Fischer**

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

4/17/02

561-483-6335

Date

Daytime Phone

CR2E083B (12/01)

COAST TO COAST LEGAL DATA LLC
20869 PINAR TRAIL
BOCA RATON, FL 33433

Attachment
91941

#201000022462

June 4, 2002

Florida Department of State
PO BOX 6478
Division of Corporations
Tallahassee, FL 32314

RE: Overpayment of LLC Annual Fee

I filed the annual report and paid \$ 150.00 instead of the \$ 50.00. Please remit to me the overpayment in the amount of \$ 100.00. I would appreciate this very much

Thank You
Henry Fischer
Henry Fischer
20869 Pinar Trail
Boca Raton, FL 33433