

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

3/24

FILED
Apr 09, 2003 8:00 am
Secretary of State

03-24-2003 90025 050 ****50.00

DOCUMENT # L02000002133

1. Entity Name

FLORIDA WOW VILLAS, LLC



Principal Place of Business

**104 N. CHURCH ST.
KISSIMMEE FL 34741-5055**

Mailing Address

**104 N. CHURCH ST.
KISSIMMEE FL 34741-5055**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3596496

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MARK, BRIAN M ESQ.
104 N. CHURCH ST.
KISSIMMEE FL 34741-5055**

7. Name and Address of New Registered Agent

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. 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)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **BARGH, JENNIFER**
STREET ADDRESS **36 CHAPEL ROAD, DERSINGHAM, KINGS LYNN**
CITY-ST-ZIP **NORFOLK UNITED KINGDOM PE31 6PN**

TITLE **AMGR** ☐ Delete
NAME **BARGH, PETER**
STREET ADDRESS **36 CHAPEL ROAD, DERSINGHAM, KINGS LYNN**
CITY-ST-ZIP **NORFOLK UNITED KINGDOM PE31 6PN**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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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
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

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

3/18/03

Daytime Phone #

CR2E083 (10/02)