

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90042 012 \*\*\*\*50.00

**DOCUMENT # L02000006279**

1. Entity Name

**TWO PLUS ONE VENTURES, LLC**



Principal Place of Business

**617 CLAREMORE DR.  
WEST PALM BEACH FL 33401**

Mailing Address

**617 CLAREMORE DR.  
WEST PALM BEACH FL 33401**

2. Principal Place of Business

**1016 N LAKESIDE**

Suite, Apt. #, etc.

3. Mailing Address

**1016 N LAKESIDE**

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

**LAKE WORTH FL**

City & State

**LAKE WORTH, FL**

4. FEI Number

**03-0415053**

Applied For

Not Applicable

Zip

Country

**33460**

**Palm Beach**

Zip

**33460**

Country

**Palm Beach**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KRASKER, PAUL  
625 NORTH FLAGLER DR., 9TH FLOOR  
WEST PALM BEACH FL 33401**

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 **SUCCESSFUL EVENTS, INC.**  
STREET ADDRESS **617 CLAREMORE DR.**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1016 N LAKESIDE**  
CITY-ST-ZIP **LAKE WORTH, FL 33460**

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

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

CR2E083 (10/02)

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: *James E. Hutton*

**SIGNATURE REQUIRED**

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

Date

**1-29-2003**

Daytime Phone #

**561 833-2188**