

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90233 022 \*\*\*\*50.00

**DOCUMENT # L02000010096**

1. Entity Name

**PALM BEACH LANDSCAPE LIGHTING, LLC**



Principal Place of Business

**9337 HOWELL LANE  
PALM BEACH GARDENS, FL 33418**

Mailing Address

**9337 HOWELL LANE  
PALM BEACH GARDENS, FL 33418**

**20009429**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**9337-B HOWELL LN**

3. Mailing Address

**9337-B HOWELL LN**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PALM BEACH GARDENS**

City & State

**PALM BEACH GARDENS**

Zip

**33418**

Country

**PALM BEACH**

Zip

**33418**

Country

**PALM BEACH**

4. FEI Number

**75-3053269**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SCHULZ, LEONARD F JNR  
9337 HOWELL LANE  
PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent

Name **Schulz, Leonard F Jnr.**

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

**9337-B Howell Lane**

City

**Palm Beach Gardens**

FL

Zip Code

**33418**

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

**1/14/03**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **SCHULZ, LEONARD F**  
STREET ADDRESS **9337 HOWELL LANE**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **MGRM** ☐ Delete  
NAME **CHAFFINS, WILLIAM**  
STREET ADDRESS **9142 SUNRISE DRIVE**  
CITY-ST-ZIP **LAKE PARK FL 33403**

TITLE **MGRM** ☒ Delete  
NAME **EAGAR, FRANK J**  
STREET ADDRESS **270 SWAN LANE**  
CITY-ST-ZIP **JUPITER FL 33458**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **Schulz, Leonard F**  
STREET ADDRESS **9337-B Howell Lane**  
CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

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

TITLE ☐ Change ☐ Addition  
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)(f), 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**

**1/14/03**

**561-630-8733**

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

Date

Daytime Phone #