

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2003 8:00 am
Secretary of State

4/21

04-28-2003 90092 029 *****50.00

DOCUMENT # L02000011827

1. Entity Name

BOYETTE OAKS, LLC



Principal Place of Business

5817 PIERCE DR. NORTHEAST
ST. PETERSBURG FL 33703

Mailing Address

5817 PIERCE DR. NORTHEAST
ST. PETERSBURG FL 33703

44002880

2. Principal Place of Business

8501 RIVERSIDE DR N.E.
Suite, Apt. #, etc.

3. Mailing Address

8501 RIVERSIDE DR N.E.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

St. Petersburg FL

City & State

St. Petersburg, FL

4. FEI Number

75-3069455

Applied For

Not Applicable

Zip

33702

Country

Pinellas

Zip

33702

Country

Pinellas

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONROSE, NINA G
5200 CENTRAL AVE.
ST. PETERSBURG FL 33707

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 NAME STREET ADDRESS CITY-ST-ZIP
Manager Joseph E Nix 8501 Riverside Dr N.E. St. Petersburg, FL 33702 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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.

SIGNATURE:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

4/21/03 (727) 687-0555

CR2E083 (10/02)