

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90749 050 *****50.00

DOCUMENT # L02000016192

1. Entity Name

BOULEY FLORIDA LLC



Principal Place of Business

Mailing Address

**630 OCEAN DR., APT. 414
JUNO BEACH FL 33408**

**630 OCEAN DR., APT. 414
JUNO BEACH FL 33408**

2. Principal Place of Business

3. Mailing Address

265 Genesee St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Auburn, NY

4. FEI Number

52-2378201

Applied For

Not Applicable

Zip

Country

Zip

Country

13021

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASHLEY, DAVID M
2253 N.E. 30TH ST.
LIGHTHOUSE POINT FL 33064**

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

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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**Member
Daniel D. Bouley
155 Ross Street Extension
Auburn, NY 13021**

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

4-8-03

(315) 253-4417

Date

Daytime Phone #

CR2E083 (10/02)

0027407