## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L02000020204

1. Entity Name

SUNCO CHARTERS, LLC



**FILED** Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90212 001 \*\*\*\*50.00

Principal Place of Business		Mailing Address	Mailing Address				
251 COCONUT PALM ROAD BOCA RATON FL 33432			251 COCONUT PALM ROAD BOCA RATON FL 33432				
					INDIA DA POND NUMA DOM DOM	<b>30</b> for <b>33</b> for 1900 ( <b>60</b> for 1900)	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State	City & State		nber 484461	<i>,</i>	Applied For
Zip	Country	Zip	Country	5. Certifica	ate of Status Desired	S5.00 A	dditional
	6. Name and Address of C	urrent Registered Agent			ind Address of New Re		
JEFFREY A. DEUTCH, P.A. 7777 GLADES ROAD, SUITE 300 BOCA RATON FL 33434				Name Street Address (P.O. Box Number is Not Acceptable)			
			City			FL Zip Co	de
8. The above the obligate SIGNATURE	e named entity submits this staten tions of registered agent.	nent for the purpose of changin	g its registered office	or registered agent, or t	ooth, in the State of Flori		, and accept
	Signature, typed or printed name of registere	d agent and title if applicable.	(NOTE: Registered Agent sign	ature required when reinstating)		DATE	<del></del>
9.	MANAGING M	Make Check Pay	Due By May 1, 20	epartment of State			
TITLE	managingme	m her -	10.	1 -	ADDITIONS/C	HANGES	
NAME Street Address City-St-Zip	Rebecca F. S 261 Coconus Boca Raton, F	mber Delete cott train Rd. E 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME Street Address City-St-Zip		□ Delete	NAME STREET ADDRESS CITY-ST-ZIP		er in the second section.	Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
ITLE IAME STREET ADDRESS SITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TILE  JAME  TREET ADDRESS		☐ Delete	TITLE NAME			Change	☐ Addition
ITY-ST-ZIP	ertify that the information supplied	with this filing does not qualify	STREET ADDRESS CITY-ST-ZIP for the exemption sta	ted in Section 119 07/3	Xi). Florida Statutes The		oformation

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:

MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE

11 Jan 2003