

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90002 036 *****50.00

0028706

DOCUMENT # L02000022242

1. Entity Name

HB CAPITAL, LLC



Principal Place of Business

**1913 S. OLIVE AVENUE
WEST PALM BEACH FL 33401**

Mailing Address

**1913 S. OLIVE AVENUE
WEST PALM BEACH FL 33401**

2. Principal Place of Business

249 ROYAL PALM WAY #301 D

3. Mailing Address

249 ROYAL PALM WAY

Suite, Apt. #, etc.

301 D

Suite, Apt. #, etc.

301 D

City & State

W PALM BCH FL

City & State

W. PALM BCH FL

Zip

33401

Country

USA

Zip

33401

Country

USA

4. FEI Number

32-0029712

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HOWARD, FRANK G JR.
1913 S. OLIVE AVENUE
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 **HOWARD, FRANK G JR.**
STREET ADDRESS **1913 S. OLIVE AVENUE**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **MGR** ☐ Delete
NAME **BAHL, JOHN**
STREET ADDRESS **400 N. FLAGLER DRIVE #2103**
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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

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:

FRANK HOWARD **SIGNATURE REQUIRED**

4-3-03

561 632 8525

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

Date

Daytime Phone #

CR2E083 (10/02)