

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

01-09-2003 90200 047 ****50.00

DOCUMENT # L02000024596

1. Entity Name
WAVE CREST INVESTMENTS, LLC



Principal Place of Business
**983 BAYOU LANE
CRYSTAL BEACH FL 34681**

Mailing Address
**POST OFFICE BOX 820
CRYSTAL BEACH FL 34681**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0643759

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

7. Name and Address of New Registered Agent

**LYONS, GARY W. ESQUIRE
311 SOUTH MISSOURI AVENUE
CLEARWATER FL 33756**

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

TITLE **PRESIDENT - 11/6/01** ☐ Delete
NAME **JAMES L. GAIL**
STREET ADDRESS **PO BOX 820**
CITY-ST-ZIP **CRYSTAL BEACH, FL 34681**

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

TITLE **VICE PRES/TREAS/SEC** ☐ Delete
NAME **JEROME HART**
STREET ADDRESS **331 N HAITLAND AVE #B3**
CITY-ST-ZIP **HAITLAND, FL 32751**

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

TITLE **VICE PRES -** ☐ Delete
NAME **JEROME CIARIVINO**
STREET ADDRESS **3350 ULVERTON RD #4**
CITY-ST-ZIP **DEARBORN, FL 33762**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(l), 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

1/7/03

237-210-2525

Date

Daytime Phone #

CR2E083 (10/02)