

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

**FILED**  
**Jan 06, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90131 011 \*\*\*\*50.00

**DOCUMENT # L02000030949**

1. Entity Name  
**BOLLOCKS, L.L.C.**



Principal Place of Business

**C/O ROBERT A. SMITH  
P.O. BOX 637  
VERO BEACH FL 32961-0637**

Mailing Address

**C/O ROBERT A. SMITH  
P.O. BOX 637  
VERO BEACH FL 32961-0637**

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

**32-004609**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARRIS, CHARLES E  
817 BEACHLAND BLVD.  
VERO BEACH FL 32963**

Name **ROBERT A. SMITH**

Street Address (P.O. Box Number is Not Acceptable)

**2 SEAHORSE LANE**

City **VERO BEACH**

**FL**

Zip Code **32960**

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

*Robert A. Smith* **ROBERT A. SMITH** **MANAGING MEMBER**

**1-3-02**

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 **MANAGING MEMBER** ☐ Delete  
NAME **ROBERT A. SMITH**  
STREET ADDRESS **P.O. Box 637**  
CITY-ST-ZIP **VERO BEACH FL 32961-0637**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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

*Robert A. Smith* **ROBERT A. SMITH** **1-3-03**

**772 778 7862**

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

Date

Daytime Phone #

CR2E083 (10/02)