

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

FILED
May 27, 2003 8:00 am
Secretary of State
 05-27-2003 90056 045 ****50.00

DOCUMENT # L02000032177

1. Entity Name

BOSTROM'S, LLC



DO NOT WRITE IN THIS SPACE

10105956

2. Principal Place of Business

235 S. MAITLAND AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

115

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MAITLAND FL.

City & State

4. FEI Number

51-0431189

Applied For

Not Applicable

Zip

32751

Country

ORANGE

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

CHARLES BOSTROM

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

235 S. MAITLAND AVE SUITE 115

City

MAITLAND

FL

Zip Code

32751

**DO NOT WRITE
IN THIS SPACE**

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

Charles Bostrom

5-21-03

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE: Pres
 NAME: CHARLES BOSTROM
 STREET ADDRESS: 235 S. MAITLAND AVE SUITE 115
 CITY-ST-ZIP: MAITLAND FL 32751

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: V. Pres
 NAME: DONALD BOSTROM
 STREET ADDRESS: 235 S. MAITLAND AVE SUITE 115
 CITY-ST-ZIP: MAITLAND FL 32751

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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:

Charles Bostrom

5-21-03 407-628-4068

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

Date

Daytime Phone #

CR2E083B (12/02)