

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

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90162 018 \*\*\*\*50.00

DOCUMENT # L03000053766

1. Entity Name

BOOCK Building & Remodeling LLC



**DO NOT WRITE IN THIS SPACE**

**20025358**

2. Principal Place of Business

4724 EAST BAY DR.

Suite, Apt. #, etc.

PANAMA City, FL

City & State

3. Mailing Address

4724 EAST BAY DR.

Suite, Apt. #, etc.

PANAMA City, FL

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3713963

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

JOEL BOOCK

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

4724 EAST BAY DR.

PANAMA City

City

**FL**

Zip Code

32404

**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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
JOEL BOOCK  
4724 EAST BAY DR.  
PANAMA City, FL 32404

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SUSAN BOOCK  
4724 EAST BAY DR.  
PANAMA City, FL 32404

TITLE  
NAME  
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CITY-ST-ZIP

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IN THIS SPACE**

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 60B, Florida Statutes.

**SIGNATURE:**

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

3-27-05

Date

Daytime Phone #

CR2E083B (12/02)