

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0007389 AF

DOCUMENT # **L96000000095**

1. Entity Name
4647 PSI CENTER, L.C.

00 MAY -1 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 109 EGRET CIR GREEN ACRES FL 33413	Mailing Address 109 EGRET CIR GREEN ACRES FL 33413-2142
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0643329** Applied For
Not Applicable

Zip Country Zip Country 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

**MOORE, W. RODGERSS
210-A N FEDERAL HWY
BOCA RATON FL 33431**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME Delete
MGR MAGERKURTH, WILLIAM
STREET ADDRESS **109 EGRET CIR**
CITY-ST-ZIP **GREEN ACRES FL 33413**

TITLE NAME Change Addition
700003256697--1
STREET ADDRESS **-05/18/00--01016--007**
CITY-ST-ZIP *******50.00 *****50.00**

TITLE NAME Delete
MGR ARTOLA, ROBERT D
STREET ADDRESS **1830 MEDITERRANEAN**
CITY-ST-ZIP **LAKE CLARK SHORES FL 33406**

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

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: *W. Magerkurth* **W. MAGERKURTH** 4/22/00 (561) 5408363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)