

2001 UNIFORM BUSINESS REPORT (UBR)

0011808 AF

DOCUMENT # L96000000358

1. Entity Name
BILLFISH ASSOCIATES LIMITED COMPANY

FILED

01 APR 23 PM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
% THOMAS M. CLARK P.A.
2400 E. COMMERCIAL BLVD., SUITE 820
FT. LAUDERDALE FL 33308

Mailing Address
% THOMAS M. CLARK P.A.
2400 E. COMMERCIAL BLVD., SUITE 820
FT. LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 54-6198523

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

CLARK, THOMAS M
2400 E. COMMERCIAL BLVD.
SUITE 820
FT. LAUDERDALE FL 33308

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

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 Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM ☐ Delete
STREET ADDRESS B.T. BOWLES, JR, (TRUSTEE) ID#54-6198523
CITY-ST-ZIP % 404 W. FRANKLIN ST.
RICHMOND VA 23241

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 500004133545--1
CITY-ST-ZIP -05/03/01--01064--002
*****25.00

TITLE NAME MGRM ☐ Delete
STREET ADDRESS B.T. BOWLES, JR, (TRUSTEE) ID#54-6162446
CITY-ST-ZIP % 404 W. FRANKLIN ST.
RICHMOND VA 23241

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 500004133545--1
CITY-ST-ZIP -05/03/01--01064--003
*****25.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

4/15/01 804-780-0236

CR2E083 (11/00)

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

Date Daytime Phone #