

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 98 000000 701

1. Entity Name

FL-1, LLC

Principal Place of Business

Mailing Address

516 Commodore Cir  
DELRAY BEACH, FL  
33483

SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

17211 QUEEN  
ANNE BRIDGE

PITTSBURGH, MD

20716

USA.

4. FEI Number

52-2149030

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAVES, WHALEN, McHale & Conditine  
301 CLEMATIS ST. #200  
WPB, FL 33401

7. Name and Address of New Registered Agent

Name Ed BUSH & ASSOCIATES PA

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

479 SEABROOK Rd

City TEQUESTA

FL

Zip Code

33469

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

TITLE MGR  
NAME Edward J. BUSH  
STREET ADDRESS 516 Commodore Cir.  
CITY-ST-ZIP Delray Beach, FL 33483

TITLE MGR  
NAME PAULA E BIELSKI  
STREET ADDRESS 516 Commodore Cir.  
CITY-ST-ZIP Delray Beach, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10.

ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

TITLE  
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:

ED BUSH

3/2/00

305 688-7290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (1/98)