

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002365

1. Entity Name

CHILDERS ENTERPRISES OF INDIA, L.L.C.

Principal Place of Business

7005 SHANNON WILLOW ROAD
CHARLOTTE NC 28226

Mailing Address

7005 SHANNON WILLOW ROAD
CHARLOTTE NC 28226-1319

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-2110174

Applied For

Not Applicable

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

CHILDERS, JOANN S
1074 SPANISH RIVER ROAD
BOCA RATON FL 33432

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
STREET ADDRESS
CITY - ST - ZIP
MGR
CHILDERS, BILL S
2352 NORTHWEST 49TH LANE
BOCA RATON FL 33431 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
CHILDERS, JOANN S
1074 SPANISH RIVER ROAD
BOCA RATON FL 33432 ☐ Delete

TITLE
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☐ 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)(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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

JOANN S. CHILDERS

4/27/2000

Date

(704) 544-1072

Daytime Phone #

APPROVED
AND
FILED

00 MAY -1 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E08C (9/99)