

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90297 006 ****50.00

DOCUMENT # L98000003466

1. Entity Name

HOERBER ENTERPRISES, L.L.C.

Principal Place of Business

**115 LANDWARD DRIVE
 JUPITER FL 33477**

Mailing Address

**115 LANDWARD DRIVE
 JUPITER FL 33477**

2. Principal Place of Business

NOT ESTABLISHED

3. Mailing Address

830 PARRISH FARM ROAD

Suite, Apt. #, etc.

11

Suite, Apt. #, etc.

City & State

11

City & State

WAYNESVILLE NC

Zip

11

Country

11

Zip

28786

Country

NAYWOOD

4. FEI Number

65-0889956

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HOERBER, DENNIS K
 115 LANDWARD DRIVE
 JUPITER FL 33477**

ENTERED

7. Name and Address of New Registered Agent

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **HOERBER, DENNIS K**
 STREET ADDRESS **115 LANDWARD DRIVE**
 CITY-ST-ZIP **JUPITER FL 33477**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
 NAME **HOERBER, DENNIS K.**
 STREET ADDRESS **830 PARRISH FARM ROAD**
 CITY-ST-ZIP **WAYNESVILLE, NC 28786**

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

TITLE ☐ Change ☐ Addition
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CR2E083 (9/01)

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: D.K. Hoerber, Manager **D.K. HOERBER, Manager** **1/04/02** **(561)** **743-9213**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #