

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90607 042 ****50.00

DOCUMENT # L99000000305

1. Entity Name

MOHLER SWORDS LIMITED LIABILITY COMPANY

Principal Place of Business

470 COLUMBIA DRIVE, SUITE 202A
 WEST PALM BEACH FL 33409

Mailing Address

470 COLUMBIA DRIVE, SUITE 202A
 WEST PALM BEACH FL 33409

80054658



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

560 Village Blvd
 Suite, Apt. #, etc.
 250

3. Mailing Address

560 Village Blvd
 Suite, Apt. #, etc.
 250

City & State

West Palm Beach FL

City & State

West Palm Beach FL

4. FEI Number

65-0887859

Applied For

Not Applicable

Zip

33409

Country

USA

Zip

33409

Country

USA

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

MOHLER, TOM
 560 VILLAGE BLVD., SUITE 250
 BRANDYWINE II
 WEST PALM BEACH FL 33409

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ State **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

10. ADDITIONS/CHANGES

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MOHLER, TOM 470 COLUMBIA DRIVE, SUITE 202A WEST PALM BEACH FL 33409 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SWORDS, CIARAN 470 COLUMBIA DRIVE, SUITE 202A WEST PALM BEACH FL 33409 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Tom Mohler

3/20/02

Date

(561) 684-5657

Daytime Phone #

CFR2E083 (9/01)