

2002 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

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

3. Mailing Address

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

City & State

West Palm Beach FL

City & State

West Palm Beach FL

Zip

33409

Country

USA

Zip

33409

Country

USA

4. FEI Number

65-0887859

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

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

10. ADDITIONS / CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	MOHLER, TOM	
STREET ADDRESS	470 COLUMBIA DRIVE, SUITE 202A	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SWORDS, CIARAN	
STREET ADDRESS	470 COLUMBIA DRIVE, SUITE 202A	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

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

Date

Daytime Phone #

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

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

80054658



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)