

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90046 008 ****55.00

DOCUMENT # L99000003134

1. Entity Name

CITIZEN TECHNOLOGIES L.L.C.



Principal Place of Business

**21218 ST. ANDREWS BLVD., SUITE 311
BOCA RATON FL 33433**

Mailing Address

**21218 ST. ANDREWS BLVD., SUITE 311
BOCA RATON FL 33433**

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 **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DE BOUCHARD, SAVIER
21319 TOWN LAKES DRIVE APT. 1229
BOCA RATON FL 33486**

*Spelling
of name* →

7. Name and Address of New Registered Agent

Name **DE BOUCAUD XAVIER**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**
NAME **DE BOUCHARD, XAVIER**
STREET ADDRESS **21319 TOWN LAKES DRIVE APT. 1229**
CITY-ST-ZIP **BOCA RATON FL 33486**

☐ Delete

*Spelling
of name* →

10. ADDITIONS/CHANGES

TITLE
NAME **DE BOUCAUD**
STREET ADDRESS
CITY-ST-ZIP **XAVIER**

☐ Change

☐ Addition

TITLE
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☐ 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:

Xavier De Boucaud

03-21-03 (561) 289 6768

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

Date

Daytime Phone #

CR2E083 (10/02)