

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN -2 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000003885

1. Entity Name
SCRIBBLES OF BOCA, L.C.

Principal Place of Business

19567 ESTUARY DRIVE
BOCA RATON FL 33498

Mailing Address

19567 ESTUARY DRIVE
BOCA RATON FL 33498

2. Principal Place of Business

19567 ESTUARY DR

Suite, Apt. #, etc.

BOCA RATON FL

City & State

33498

3. Mailing Address

Same AS

Suite, Apt. #, etc.

PRINCETON

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0927208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

EISENBERG, RANDI

19567 ESTUARY DRIVE
BOCA RATON FL 33498

Correct Typo

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

19567 ESTUARY DR

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

Randi Eisenberg
Signature, typed or printed name of registered agent and title if applicable.

RANDI EISENBERG, MGR 4/6/00

(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

TITLE MGR
NAME EISENBERG, RANDI
STREET ADDRESS 19567 ESTUARY DRIVE
CITY- ST- ZIP BOCA RATON FL 33498 ☐ Delete

TITLE MGR
NAME EISENBERG, PAUL
STREET ADDRESS 19567 ESTUARY DRIVE
CITY- ST- ZIP BOCA RATON FL 33498 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
600003292126--8
-06/15/00--01113--004
*****50.00 *****50.00

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

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

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ 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

Date

Daytime Phone #

Randi Eisenberg 4/6/00 561-487-7607

00171111 1111

CR2E083 (9/99)