

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90012 045 \*\*\*\*\*50.00

0062231

**DOCUMENT # L99000005079**

1. Entity Name

**MALIBU BEACH, L.C.**



Principal Place of Business

**GERALD W. WICKS  
110 S ARMENIA AVENUE  
TAMPA FL 33609**

Mailing Address

**POST OFFICE DRAWER 511447  
PUNTA GORDA FL 33951-1447**

2. Principal Place of Business

3. Mailing Address

**110 S. ARMENIA AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Tampa, FL**

Zip

Country

Zip

Country

**33647**

4. FEI Number

**48-5744709**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**FERGUSON, JULIE M  
110 S. ARMENIA AVE  
TAMPA FL 33609**

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. 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

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>MGR</b>	<b>WICKS, GERALD W</b>	<b>110 S ARMENIA AVENUE TAMPA FL 33609</b>				
	<b>MGR</b>	<b>FERGUSON, JULIE M</b>	<b>110 S. ARMENIA AVE TAMPA FL 33609</b>				

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 #

**4-7-03**

CR2E083 (10/02)