2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)



FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90229 015 ****55.00

DOCUMENT # L990	000006138	
W.D. KIRKPATRICK ENTERPRI	SES, LLC	
Principal Place of Business	Mailing Address	

Mailing Address 1431 SOUTH OCEAN BLVD #64 1431 SOUTH OCEAN BLVD #64 POMPANO BEACH FL 33062 POMPANO BEACH FL 33062

2. Principal Place of Business //2/E. Commercia Blvd	3. Maijing Address 143/5. Ocean Bl/d
Suite, Apt. #, etc. BOX # 15	Sylle, Apt. #, etc. // Club
Fort Lauderdale, Fl	Lauderdale By the Sea F
Zip Country	~Zip Country

CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number

CLASP, INC. 3001 TAMIAMI TRAIL NORTH 4TH FL NAPLES FL 34103

7. Name and Address of Ne	w Registered Agent
-Name	
Cohen & Grigsby, P.C.	
Street Address (P.O. Box Number is Not Accepted 27200 Riverview Center	able)
<u> 2/200 Riverview Cente</u>	r Boulevard
Suite 309	
City Bonita Springs	FL Zip Code

5. Certificate of Status Desired

65-0993937

					Donat	a opring		· — J41	<u> </u>
8.	The above named entity submits t	hie state	ment for th	nurpose of changi	ng its registered office or reg	istered agent, or I	both, in the State of Florida.	I am familiar with	, and accept
•	the obligations of registered agent		-//	1/			. /	,	
C1	GNATURE - CO		Ida	5	<u> </u>		4//	5/03	
υ,	Signature, typed or printed name	e of register	od agent and t	itle if applicable.	(NOTE: Registered Agent signature re-	uired 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	MGR KIRKPATRICK, W D	☐ Delete	TITLE NAME	21./	☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	1431 SOUTH OCEAN BLVD #64 POMPANO BEACH FL		STREET ADDRESS CITY-ST-ZIP	1431 S. Ocean Blvd # Lauder dole By The Sea, FL	64 330k	62	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIRKPATRICK, CAROLE 1431 SOUTH OCEAN BLVD #64 POMPANO BEACH FL 33062	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14315. Ocean Blvd # 4 au derdole ByTheGea.	Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	a service and the service and	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-7IP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP		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 to execute this report as required by Chapter 608, Florida Statutes.

MANAGER, OR AUTHORIZED REPRESENTATIVE

Not Applicable

\$5.00 Additional

Fee Required