

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006748

1. Entity Name
SHERON K FLASTER, LLC

Principal Place of Business
5545 BERRY BLOSSOM WAY W
WEST PALM BEACH FL 33415-4448

Mailing Address
5545 BERRY BLOSSOM WAY W
WEST PALM BEACH FL 33415-4448

2. Principal Place of Business
1885 SHOWER TREE WAY
Suite, Apt. #, etc.

3. Mailing Address
1885 SHOWER TREE WAY
Suite, Apt. #, etc.

City & State
WELLINGTON FL
Zip
33414-5867

City & State
WELLINGTON FL
Zip
33414-5867

4. FEI Number
65-0333471

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FLASTER, ROBERT J
5545 BERRY BLOSSOM WAY W
WEST PALM BEACH FL 33415-4448

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1885 SHOWER TREE WAY
City
WELLINGTON FL Zip Code
33414-5867

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 *Robert J Flaster* ROBERT J FLASTER 2/28/00
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

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
FLASTER, SHERON K
5545 BERRY BLOSSOM WAY W
WEST PALM BEACH FL 33415-4448 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
1885 SHOWER TREE WAY
WELLINGTON FL 33414-5867

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
mf 3/16/00

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
000003178340-0
-03/21/00-01402-010
*****50.00 *****50.00

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: *Sheron K Flaster* SHERON K FLASTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/28/00 561-792-0021
Date Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR -3 AM 8:55



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)