

FILED

Mar 08, 2002 8:00 am
Secretary of State

01-11-2002 90002 025 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006905

1. Entity Name

BILLY'S WORLD LLC

Principal Place of Business

7794 HOLIDAY DRIVE
SARASOTA FL 34231-5314

Mailing Address

7794 HOLIDAY DRIVE
SARASOTA FL 34231-5314

2. Principal Piece of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

14-5546133

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOHACK, WILLIAM C
7794 HOLIDAY DRIVE
SARASOTA FL 34231-5314

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.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent's signature required when re-appointing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIPMGRM
BOHACK, WILLIAM C
7794 HOLIDAY DR.
SARASOTA FL 34231-5314☒ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIPManaging Member
Lois M. Hekker
7794 Holiday Drive
SARASOTA, FL 34231-5314☒ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ DeleteTITLE
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)(d), 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 authorized 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 #

Lois M. Hekker 02-14-2002 941-349-9800

William C. Bohack 01-05-02 941-349-9800