

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN -2 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000008215

1. Entity Name
NEVER BORED, L.L.C.

Principal Place of Business

2128 NE 44TH STREET
LIGHTHOUSE POINT FL 33064

Mailing Address

2128 NE 44TH STREET
LIGHTHOUSE POINT FL 33064-9010

2. Principal Place of Business

2211 NE 34 STREET

Suite, Apt. #, etc.

LIGHTHOUSE POINT, FL.

City & State

3. Mailing Address

2211 NE 34 STREET

Suite, Apt. #, etc.

CITY & STATE
LIGHTHOUSE POINT, FL.

Zip
33064

Country
US

Zip
33064

Country
US

4. FEI Number 65-0973548

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

POHLMAN, VIRGINIA-JEAN J
2128 NE 44TH STREET
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent

Name ~~RICHARD RASCHDORF MGR~~

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

2211 NE 34 STREET

City LIGHTHOUSE POINT FL Zip Code 33064

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]* PRESIDENT

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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
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CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PRESIDENT
RICHARD RASCHDORF MGR ☒ Change ☐ Addition
2211 NE 34 STREET
LIGHTHOUSE POINT, FL. 33064

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
600003291346-3
-06/15/00-01068-020
*****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

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]* RICHARD RASCHDORF MGR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/93)