

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90203 019 \*\*\*\*50.00

**DOCUMENT #**

1. Entity Name

UNIVERSAL DEVELOPMENT OF FLORIDA, L.L.C.

201000022714

Principal Place of Business

1597 S. PORT ST. LUCIE BLVD.  
 PORT ST. LUCIE FL 34952

Mailing Address

1597 S. PORT ST. LUCIE BLVD.  
 PORT ST. LUCIE FL 34952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3695559

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

SCHAFER, MARTIN  
 13 MARLWOOD LANE  
 PALM BEACH GARDENS FL 34418

Name SCHAFER, MARTIN

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

1597 SOUTH PORT ST LUCIE BLVD

City

PORT ST LUCIE

FL

Zip Code

34952

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/02

**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 MGRM  
 NAME SCHAFER, MARTIN  
 STREET ADDRESS 13 MARLWOOD LANE  
 CITY-ST-ZIP PALM BEACH GARDENS FL 33418

☐ Delete

TITLE  
 NAME SCHAFER, MARTIN  
 STREET ADDRESS 1597 SOUTH PORT ST LUCIE BLVD  
 CITY-ST-ZIP PORT ST LUCIE, FL 34952

☒ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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 CITY-ST-ZIP

☐ Delete

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☐ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

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]* REQUIRED

4/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)