

00 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009014

APPROVED
AND
FILED

00 MAY 30 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Entity Name
BODY BEACH CHAIRS, L.L.C.

Principal Place of Business
627 PINELLAS AV UNIT D
CLEARWATER, FL
33756

Mailing Address
SAME

2. Principal Place of Business
627 PINELLAS AV
Suite, Apt. #, etc.
UNIT D
City & State
CLEARWATER FL
Zip
33756 Country
USA

3. Mailing Address
627 Pinellas AV
Suite, Apt. #, etc.
UNIT D
City & State
Clearwater FL
Zip
33756 Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3614282

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
D. WESLEY KREBES

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

City
Dunedin, FL FL Zip Code
34698

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 D. Wesley Krebs DATE 04-25-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	JOSEPH A. EADDY, MGRM
STREET ADDRESS		STREET ADDRESS	916 ELDORADO AV.
CITY-ST-ZIP		CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D. WESLEY KREBES, MGRM
STREET ADDRESS		STREET ADDRESS	561 BROADWAY ST.
CITY-ST-ZIP		CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	JEFFREY B. PIENOVICH, MGR
STREET ADDRESS		STREET ADDRESS	627 PINELLAS AV, UNIT D
CITY-ST-ZIP		CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	200003291372--3
STREET ADDRESS		STREET ADDRESS	-06/15/00--01071--001
CITY-ST-ZIP		CITY-ST-ZIP	*****50.00 *****50.00
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Joseph A. Eaddy JOSEPH A. EADDY 4/25/00 727 399 5221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)