

2000 UNIFORM BUSINESS REPORT (UBR)

L99000009060

DOCUMENT #

1. Entity Name

BOCINERO, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 29 PM 12:08

Principal Place of Business

Mailing Address

2. Principal Place of Business

8120 ATLANTIC BLVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

4. FEI Number

59-3620087

Applied For

Not Applicable

Zip

Country

32211

USA

Zip

Country

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

Name

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

City

FL

Zip Code

WILLIAM E. DOYLE
2002 SOUTHSIDE BLVD.
SUITE 201
JACKSONVILLE, FL 32216

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

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

mf 3/9/00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
DAVID L. BOULLIER
11136 LANDS END LANE
JACKSONVILLE, FL. 32225

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600003169856--0
-03/14/00--01118--017
*****55.00 *****55.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
VINCENT J. MCGUIRE
155 PINE ST.
ATLANTIC BEACH, FL. 32233

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
THOMAS SPRAWELL
329 15TH ST, N.
JACKSONVILLE, BEACH, FL 32250

TITLE
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CITY-ST-ZIP

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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:

David L. Boullier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/22/2000 904-727-5050
Date Daytime Phone #

CR2E083 (1/199)