

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-22-2002 90223 003 ****50.00

DOCUMENT # L99000009233

1. Entity Name

MARKHAM ENTERPRISES OF BOCA RATON, LLC

Principal Place of Business

**17564 NORTH STATE ROAD 7
BOCA RATON FL 33498**

Mailing Address

**17564 NORTH STATE ROAD 7
BOCA RATON FL 33498**

2. Principal Place of Business

10075 SW Greenridge Lane

3. Mailing Address

10075 SW Greenridge Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm City, FL

City & State

Palm City, FL

Zip

34990

Country

USA

Zip

34990

Country

USA

4. FEI Number

65-0970009

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PLUMMER, THOMAS H
17564 NORTH STATE ROAD 7
BOCA RATON FL 33498**

7. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **PLUMMER, THOMAS H**
STREET ADDRESS **17564 NORTH STATE ROAD 7**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE **MGRM** ☐ Delete
NAME **PLUMMER, JEROME E**
STREET ADDRESS **17564 NORTH STATE ROAD 7**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

Thomas Plummer

4/30/02

772-463-6767

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

Date

Daytime Phone #

CR2E083 (9/01)