

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90014 010 ****55.00

DOCUMENT # M00000000666

1. Entity Name

THE TOOL STATION, LTD. LLC

Principal Place of Business

**750 EAST SAMPLE ROAD, BUILDING 10, BAY #6
 POMPANO BEACH FL 33064**

Mailing Address

**750 EAST SAMPLE ROAD, BUILDING 10, BAY #6
 POMPANO BEACH FL 33064**

2. Principal Place of Business

750 East Sample Road

Suite, Apt. #, etc.

Building 1, Bay #1

City & State

Pompano Beach, FL

Zip
33064

Country
USA

3. Mailing Address

750 East Sample Road

Suite, Apt. #, etc.

Building 1, Bay #1

City & State

Pompano Beach, FL

Zip

33064

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2216554

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHMELE, CHAD M
 750 E. SAMPLE ROAD, BUILDING 10, BAY 6
 POMPANO BEACH FL 33064**

7. Name and Address of New Registered Agent

Name

Zachary A. Carney

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

750 E. Sample Road, Building 1, Bay 1

City

Pompano Beach

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

Zac A. Carney
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-21-02

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
 NAME **CARNEY, WILBUR**
 STREET ADDRESS **750 EAST SAMPLE ROAD, BUILDING 10, BAY #6**
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **T** ☐ Delete
 NAME **CARNEY, LAURIE**
 STREET ADDRESS **750 EAST SAMPLE ROAD, BUILDING 10, BAY #6**
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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
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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:

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

2-21-02

Date

954-788-8181

Daytime Phone #

CR2E083 (9/01)