

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0016478 AF

DOCUMENT # M00000001587

1. Entity Name
FLORIDA CALIPER, LLC

01 APR 26 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

11849 SUNCHASE CT.
BOCA RATON FL 33498

Mailing Address

11849 SUNCHASE CT.
BOCA RATON FL 33498



2. Principal Place of Business 1700 6th Ave.

3. Mailing Address P.O. BOX 22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Boynton Beach

City & State
Delray Beach, FL

4. FEI Number
65-1036252

Applied For
Not Applicable

Zip 33435 Country USA

Zip 33447 Country USA

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

GLATTER, ERIC S
1499 W. PALMETTO PARK RD, STE 208
BOCA RATON FL 33486

Name Linda Walden, CPA
Street Address (P.O. Box Number is Not Acceptable) 1489 Palmetto Park Rd. Suite 400
Boca Raton FL 33486
City FL Zip Code 33486

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 *Linda Walden, a Registered Agent* 3/28/01
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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE member
NAME carl J. Shick
STREET ADDRESS 150 8w 24
CITY-ST-ZIP Boynton Beach FL 33435

TITLE
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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]* 3/12/01 561-740-1253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)