

2001 UNIFORM BUSINESS REPORT (UBR)

0025658 AF

DOCUMENT # M97000000132

1. Entity Name

4301 SKYWAY BLVD., L.L.C.

Principal Place of Business

C/O SUDLE MANAGMENT CO.
300 INTERPACE PARKWAY
PARSIPPANY NJ 07054

Mailing Address

C/O SUDLE MANAGMENT CO.
300 INTERPACE PARKWAY
PARSIPPANY NJ 07054

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01 APR 16 PM 2:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

DO NOT WRITE IN THIS SPACE

4. FEI Number

22-3435668

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

300004078569--4
-04/25/01--01104--021
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME SUDLER, PETER D
STREET ADDRESS 300 INTERPACE PARKWAY
CITY-ST-ZIP PARSEPPANY NJ 07054-1100 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

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

4-10-01

Date

Daytime Phone #

CR2E083 (11/00)