

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

09 MAY -5' PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001918

1. Entity Name

BENT BOAT, L.L.C.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1601 SW 20TH ST.

Suite, Apt. #, etc.

3022 SW BRADFORD ST #402

City & State

FT. LAUDERDALE, FL

City & State

SEATTLE WA

Zip

Country

33315

USA

Zip

Country

98126

USA

4. FEI Number

91-1809659

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEENA BURGE

Name

LEENA BURGE

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

1601 SW 20TH ST.

City

FT. LAUDERDALE

FL

Zip Code

33315

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
WILLIAM PERRY
3022 SW BRADFORD ST. #402
SEATTLE, WA 98126

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200003274332-8
-06/02/00-01012-013
*****56.00 *****57.00

☐ Change

☐ Addition

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CITY-ST-ZIP

☐ Change

☐ Addition

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 OR MANAGER

Date

Daytime Phone #

CR2E083 (1/1/99)