

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000022773

FILED  
Mar 25, 2003  
Secretary of State

**Entity Name:** CERTIFIED BACKFLOW TESTING OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

1432 NIOBE CT.  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

1432 NIOBE CT.  
ORLANDO, FL 32822

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KATZ, LAWRENCE H  
341 N. MAITLAND AVE., STE. 120  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MGR                      ( ) Change (X) Addition  
Name:                      LONNIE, BLUM  
Address:                      1432 NIOBE CT  
City-St-Zip:                      ORLANDO, FL 32822

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LONNIE BLUM

MGR

03/25/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date