

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000764

1. Entity Name
CONTEMPORARY ASSETS, L.C.

FILED

01 APR 26 AM 10: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1209 SEMINOLA BOULEVARD
CASSELBERRY FL 32707

Mailing Address
1209 SEMINOLA BOULEVARD
CASSELBERRY FL 32707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3339981

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

MLJH

6. Name and Address of Current Registered Agent

DEFILIPPO, VINCENT W
1209 SEMINOLA BOULEVARD
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

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)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

800004212538-7
-05/11/01--01116--010
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE NAME ☐ Delete
MGR
DEFILIPPO, VINCENT W
STREET ADDRESS
1209 SEMINOLA BOULEVARD
CITY-ST-ZIP
CASSELBERRY FL 32707

TITLE NAME ☐ Delete
MGR
DEFILIPPO, GARY J
STREET ADDRESS
1209 SEMINOLA BOULEVARD
CITY-ST-ZIP
CASSELBERRY FL 32707

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

10. ADDITIONS / CHANGES

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

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

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

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

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

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

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

Date

Daytime Phone #

4/22/01 407-699-6644

0004502 AF

CR2E083 (11/00)