

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99000001716

1. Entity Name

FUNCTIONAL PRODUCTS, L.L.C.

00 JAN 14 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

13812 TORTUGA POINT DRIVE
JACKSONVILLE FL 32225

Mailing Address

13812 TORTUGA POINT DRIVE
JACKSONVILLE FL 32225-5421



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1179 ATLANTIC BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ATLANTIC BEACH

City & State

Zip 32233

Country DUVAL

Zip

Country

4. FEI Number

59-3570467

Applied For
Not Applied

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131

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)

DATE

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

9. MANAGING MEMBERS / MEMBERS

TITLE MGRM
NAME MUGGENBURG, DIRK
STREET ADDRESS 13812 TORTUGA POINT DRIVE
CITY - ST - ZIP JACKSONVILLE FL 32225

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS / CHANGES

TITLE
NAME MUEGGENBURG, DIRK
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1-11-00

Date

904 243 8074

Daytime Phone #