

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000283

1. Entity Name
DAVID HAUGEN, L.L.C.

Principal Place of Business
5716 SOUTHERNVIEW DRIVE
ZEPHYRHILLS FL 33541-9120

Mailing Address
5716 SOUTHERNVIEW DRIVE
ZEPHYRHILLS FL 33541-9120

01 OCT 30 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

450 Wekiva Preserve Drive
Suite, Apt. #, etc.

3. Mailing Address

450 Wekiva Preserve Drive
Suite, Apt. #, etc.

City & State
Apopka, FL

City & State
Apopka, FL

4. FEI Number
59-3741464

Applied For
Not Applicable

Zip
32712

Country
USA

Zip
32712

Country
USA

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 _____ DATE _____
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
Due By September 26, 2001

100004676441--0
-11/13/01--01051--002
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME President
STREET ADDRESS David Haugen
CITY-ST-ZIP 450 Wekiva Preserve Drive
Apopka, FL 32712

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/21/01 (407)492-8408
Date Daytime Phone #

0008106

CR2E083 (5/01)

STAPLE CHECK HERE