

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000839

1. Entity Name
B.I.G., LLC

Principal Place of Business
1160 HOLLOWBROOK LANE, N.E.
MALABAR FL 32950

Mailing Address
1160 HOLLOWBROOK LANE, N.E.
MALABAR FL 32950

FILED

01 JUL 19 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ANDERSON, J. PATRICK
930 S. HARBOR CITY BOULEVARD, SUITE 505
MELBOURNE FL 32901

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

10. ADDITIONS/CHANGES

TITLE MGR
NAME COTTI, BRUCE DAVID
STREET ADDRESS 1160 HOLLOWBROOK LANE, N.E.
CITY-ST-ZIP MALABAR FL 32950 ☐ Delete

TITLE
NAME 800004493298-8
STREET ADDRESS -07/24/01--01048--004
CITY-ST-ZIP *****50.00 *****50.00 ☐ Change ☐ Addition

TITLE MGR
NAME TRAFIBIO, PHILIP JOHN
STREET ADDRESS 3040 COREY ROAD
CITY-ST-ZIP MALABAR FL 32950 ☐ Delete

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

TITLE MGR
NAME ZIEGLER, ANDREW JEFF
STREET ADDRESS 207 SOUTH GATE BOULEVARD
CITY-ST-ZIP MELBOURNE FL 32901 ☐ Delete

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

TITLE
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TITLE
NAME
STREET ADDRESS
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

7-16-01 321-676-5323

Date

Daytime Phone #

0027907 AF

CR2E083 (11/00)