

# 2002 UNIFORM BUSINESS REPORT (UBR)

7/23

**FILED**  
**Aug 06, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90343 008 \*\*\*\*50.00

**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**

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

**APPLIED FOR**

**59-3617341**

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State  
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

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

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

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

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

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 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)(l), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)