

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 MAY -1 PM 5:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000001201

1. Entity Name
LAUNCHPAD XIV, LLC

Principal Place of Business
4350 WEST CYPRUS STREET, SUITE 440
TAMPA FL 33607

Mailing Address
4350 WEST CYPRUS STREET, SUITE 440
TAMPA FL 33607

2. Principal Place of Business
533 S. Howard Ave

3. Mailing Address
533 S. Howard Ave

Suite, Apt. #, etc.
PMB 853

Suite, Apt. #, etc.
PMB 853

City & State
Tampa FL

City & State
Tampa FL

Zip
33606

Country
USA

Zip
33606

Country
USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name
Riverson S. Leonard

Street Address (P.O. Box Number is Not Acceptable)
533 S. Howard Ave

PMB # 853

City
Tampa

State
FL

Zip Code
33606

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 RIVerson S. Leonard RA

Signature, typed or printed name of registered agent and title if applicable. (Not Registered Agent signature required when reinstating)

DATE
4/20/01

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

400004267904--5
-05/22/01--01098--015
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DIRECTOR
Riverson S. Leonard
533 S. Howard Ave PMB 853
Tampa FL 33606

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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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: Riverson S. Leonard RA

Signature and typed or printed name of signing managing member, manager, or authorized representative

DATE
4/20/01

Daytime Phone #
(727) 480 9080

0032572 SP

CR2E083 (11/00)