

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001244

1. Entity Name
SITE-CAM, LLC

FILED
01 JUN 13 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
13014 N. DALE MABRY STE 198
TAMPA FL 33618

Mailing Address
13014 N. DALE MABRY STE 198
TAMPA FL 33618



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number
59-3617693

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, JEFFREY D
13014 D. DALE MABRY
STE 198
TAMPA FL 33618

7. Name and Address of New Registered Agent

Name Thompson, Jeffrey D
Street Address (P.O. Box Number is Not Acceptable)
13014 N DALE MABRY
STE 198
City TAMPA FL Zip Code 33618

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

800004423558--D
-06/18/01--01012--025
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME
mcm Jeff Thompson
STREET ADDRESS 13014 N Dale Mabry, STE 198
CITY-ST-ZIP Tampa FL 33618

☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
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CITY-ST-ZIP

☐ Delete

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/20/01 813-205-1602

Date

Daytime Phone #

001:338 AF

CR2E083 (11/00)