

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90114 014 ****50.00

DOCUMENT # L00000001289

1. Entity Name
EREFERENCEDESK, LLC

Principal Place of Business

Mailing Address

**13700 58TH STREET N.
 SUITE 203
 CLEARWATER FL 33760**

**13700 58TH STREET N.
 SUITE 203
 CLEARWATER FL 33760**

2. Principal Place of Business

3. Mailing Address

10 5th St. N

Suite, Apt. #, etc. 244-b

City & State ST. PETERSBURG FL

Zip 33701 Country USA

SAME

City & State

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3625916**

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

**HARRIS, CHARLES M JR.
 101 EAST KENNEDY BLVD.
 SUITE 2700
 TAPMPA FL 33601**

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 reinstating)

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 **MGRM** ☐ Delete
 NAME **JOHNSTON, JR., ROBERT W**
 STREET ADDRESS **6129 LELAND STREET S.**
 CITY-ST-ZIP **ST. PETERSBURG FL 33715**

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

TITLE **MGRM** ☐ Delete
 NAME **WALSH, TIMOTHY A**
 STREET ADDRESS **260 BAYVIEW DRIVE NE**
 CITY-ST-ZIP **ST. PETERSBURG FL 33704**

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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)(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

8/29/02
 Date

727-452-7645
 Daytime Phone #

CR2E083 (4/02)