

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Aug 20, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000001416**1. Entity Name  
MB3, LLC

Principal Place of Business 5828 OLD WINTER GARDEN RD.  ORLANDO FL 32835	Mailing Address 5828 OLD WINTER GARDEN RD.  ORLANDO FL 32835
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2. Principal Place of Business 1447 SHELTER ROCK ROAD Suite, Apt. #, etc.	3. Mailing Address 1447 SHELTER ROCK ROAD Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State ORLANDO FL	City & State ORLANDO FL
Zip 32835	Country

4. FEI Number <b>59-3731580</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required**6. Name and Address of Current Registered Agent**  
  
BUDOWSKI MICHAEL E  
5828 OLD WINTER GARDEN RD.  
  
ORLANDO FL 32835**7. Name and Address of New Registered Agent**  
  
Name  
BUDOWSKI MICHAEL E  
Street Address (P.O. Box Number is Not Acceptable)  
1447 SHELTER ROCK ROAD  
  
City ORLANDO FL Zip Code 32835

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 \_\_\_\_\_ 08/20/2001  
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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRANDENBURG MICHAEL E 5828 OLD WINTER GARDEN RD. ORLANDO FL 32835 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUDOWSKI MICHAEL E 5828 OLD WINTER GARDEN RD. ORLANDO FL 32835 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Michael E. Budowski CEO 08/20/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)