

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001542

1. Entity Name

SBC CREW MANAGEMENT, LLC

Principal Place of Business

3051 Tech Drive
St. Petersburg, FL 33716

Mailing Address

c/o Steve Chapman
3051 Tech Drive
St. Petersburg, FL 33716

2. Principal Place of Business

3. Mailing Address

c/o Stuart J. Haft,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

321 Royal Poinciana Plaza, S

City & State

City & State

Palm Beach, FL 33480

Zip

Country

Zip

33480

Country

USA

4. FEI Number

59-3710247

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Stuart J. Haft, Esq.
321 Royal Poinciana Plaza, South
Palm Beach, FL 33480

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOT: Registered Agent signature required when reinstating)

DATE

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

8000004287878--
-05/22/01--01098--005
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM MGRM ☐ Delete
NAME Steve Chapman
STREET ADDRESS 3051 Tech Drive
CITY-ST-ZIP St. Petersburg, FL 33716

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

Steve Chapman, Managing Member, (727) 573-9339

Date

Daytime Phone #

CR2E083 (1/100)