

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90047 034 \*\*\*\*50.00

**DOCUMENT # L00000001757**

1. Entity Name

**INGA FAHS-GIELISSE, LLC**

Principal Place of Business

**4826-B KERRY FOREST PKWY.  
TALLAHASSEE FL 32308**

Mailing Address

**4826-B KERRY FOREST PKWY.  
TALLAHASSEE FL 32308**

**908917**

2. Principal Place of Business

**2709 Killarney Way**

3. Mailing Address

**2709 Killarney Way**

Suite, Apt. #, etc.

**Suite 5**

Suite, Apt. #, etc.

**Suite 5**

City & State

**Tallahassee, FL**

City & State

**Tallahassee, FL**

Zip

**32309**

Country

**Leon**

Zip

**32309**

Country

**Leon**

4. FEI Number

**59-3627189**

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

**FAHS-GIELISSE, INGA  
4826-B KERRY FOREST PKWY.  
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name **Fahs Gielisse, Inga**

Street Address (P.O. Box Number is Not Acceptable)

**2709 - S Killarney Way**

City **Tallahassee**

**FL**

Zip Code **32309**

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

**Inga G. Fahs Gielisse**

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **DR S** ☒ Delete  
NAME **FAHS-GIELIESE, INGA G**  
STREET ADDRESS **5667 SANTE ANITA DRIVE**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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 **Dr.** ☒ Change ☐ Addition  
NAME **Fahs Gielisse, Inga**  
STREET ADDRESS **5667 Santa Anita Dr**  
CITY-ST-ZIP **Tallahassee, FL 32309**

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 REQUIRED**

**1-8-02**

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

Date

Daytime Phone #

CR2E083 (9/01)