

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90001 042 \*\*\*\*50.00

0045284

**DOCUMENT # L00000002267**

1. Entity Name  
**BPA SOLUTIONS, LLC**



Principal Place of Business  
**385 SW ARLINGTON BLVD  
LAKE CITY FL 32025**

Mailing Address  
**385 SW ARLINGTON BLVD  
LAKE CITY FL 32025**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3628380**

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

**COLEMAN, C. RANDOLPH  
9250 BAYMEADOWS ROAD, SUITE 230  
JACKSONVILLE FL 32256**

Name **Allen D. Coleman**

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

**385 SW Arlington Blvd**

City **Lake City**

**FL**

Zip Code **32225**

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 **Allen D. Coleman** **Allen D. Coleman**

**4/4/03**

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME **MGRM**  
STREET ADDRESS **YUCO INVESTMENTS, LTD.**  
CITY-ST-ZIP **385 SW ARLINGTON BLVD  
LAKE CITY FL 32025**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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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: **Allen D. Coleman** **Allen D. Coleman G.P.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/4/03**  
Date

**386-755-5698**  
Daytime Phone #

CR2E083 (10/02)