2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000003746

1. Entity Name

UP TO PAR INVESTMENTS, LLC



FILED Feb 14, 2003 8:00 am Secretary of State 02-14-2003 90062 005 ****50.00

RLANDO FL 32804 ORLANDO FL 32804 2. Principal Place of Business Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State A. FEI Number 59-3637408 Applied For Not Applicable Not Applied For Not Applicable Sequence Agent Not Applicable For Required Agent POWELL, GEORGE L 3378 EDGEWATER DRIVE ORLAND FL 32804 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 Street Address (P.O. Box Number is Not Acceptable) DATE				Ì.,	CO WE THE						
RUNDO PL 32904 2. Principal Pace of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & Stat	Principal Place	of Business	Mailing Address								
Suite, Apt. II, etc. Suite, Apt. II, etc. Chy & State A. FEI Number Sp-3837408 Applied for No. Applied for	303 E. PAR ST. Orlando Fl. 32804										
Suite, Apt. II, etc. Suite, Apt. II, etc. Chy & State A. FEI Number Sp-3837408 Applied for No. Applied for			1 2 1 10 11 11 11								
City & State City & State City & State City & State City & State Country City Country City Country City Country City Country City Country City	2. Principal Place of Business		3. Mailing Address			L TOURING SOME BOTH BOTH BOTH BOTH BOTH BOTH BOTH BOTH					
City State Country Zip Country State Second Agenter Second Agenter Second Agenter Second Agenter Second Address of Current Registered Agent File Second Address of Current Registered Agent File Second Address of Current Registered Agent File Second Address of New Registered Agent File Second Address (P.O. Box Number is Not Acceptable) File Zip Code Z	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
S. CHARLOGES OF STATES DESIGNATIONS OF THE STATE ADDRESS OTH STATE	City & State		City & State		4. FEI Number	59-3637408		Not Applicable			
POWELL, GEORGE L 3378 EDIGEWATER DRIVE ORLAND FL 32804 City FL Zip Code						5. Certificate of Status Desired Fee			e Required		
POWELL, GEORGE L 3378 EDGEWATER DRIVE ORLAND FL 32804 City FL Zip Code		6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New Hegis	tered Ag	ent 		-
City FL 2ip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SignATURE				·			s (P.O. Box Number is Not Acceptable)				
8. The above named entity submits his 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 Superant, typed or printed name of implemental spent and tall a populative.				ļ							
SIGNATURE Signature, hybrid or priread name of registrand agent and list if application. (NOTE Registered Agent signature required when repressiving). DATE					City	<u> </u>		FL	Zip Coo	ie	
SIGNATURE Signature, typed or critered neme of registrated agent and till 4 epplicate/s. (NOTE: Registered Agent signature required signature required when rentationary) DATE	8. The above	named entity submits this statement for	or the purpose of changing its	s registered	office or registe	ered agent, or both	n, in the State of Florida.	I am far	niliar with,	and accept	
Syrauser. Hypaid or printed name of regleared agent and late it applicables FILE NOW!!! FFEE IS \$50.00	_	ons of registered agent.					_		_		
S. MANAGING MEMBERS MANAGERS 10. ADDITIONS/CHANGES MANAGING MEMBERS MANAGERS 10. ADDITIONS/CHANGES MANAGING MEMBERS MANAGERS 10. ADDITIONS/CHANGES MANAGERS MANA	SIGNATURE _	Signature, typed or printed name of registered agen	and title if applicable. (NO	TE: Registered A	gent signature require	ed when reinstating)		DATE			┨
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET A											
MGRM POWELL, GEORGE L STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME ST						ent of State					
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C	9	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS/CHA	NGES			ے ا
TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRE				TITLE				I	Change	Addition	18
CITY-ST-ZIP	NAME				*000ECC						1
TITLE	· ·				l l						8
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		LAKE MARY FL 32746							☐ Change	Addition	18
STREET ADDRESS CITY-ST-ZIP			L Delete								Ι`
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1										
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY-S	T-ZIP				<u> </u>		-
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	. TITLE .		Delete				چ به به مید د		Unange	Modition	
CITY-ST-ZIP					ADDRESS						1
TITLE				1	i i						1
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			Doloto			<u></u>			☐ Change	Addition	1
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1		☐ Detete								ļ
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP				STREET	ADDRESS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP				CITY-S	ST-ZIP						4
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE					Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	NAME										ĺ
TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP	1 ~			•	l						1
TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP				pi-ZIY				Chanca	☐ Addition	\dashv
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP			☐ Delete							Addition	1
CITY-ST-ZIP											
GHT-31-20					l l						
THE A DOMESTIC OF THE PROPERTY	11 thereby	pertify that the information supplied w	ith this filing does not qualify		l l	Section 119.07(3)	(i), Florida Statutes. I fur	ther certi	fy that the	information	7

the same legal effect as if made under oath; that I am a managing member or manager of the hard to execute this report as required by Chapter 608, Florida Statutes. indicated on this report is true a limited liability company of the r

SIGNATURE:

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02/11/03

407.622.6882

Daytime Phone #