

2001 UNIFORM BUSINESS REPORT (UBR)

0028264 AF

DOCUMENT # **L00000003887**

1. Entity Name
SOBRWD, LLC

FILED

01 APR -5 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**6815 MONTE CARLO AVE.
ST. PETERSBURG FL 33781**

Mailing Address
**6815 MONTE CARLO AVE.
ST. PETERSBURG FL 33781**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3643633

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

**FISCHER, DEBRA L
6815 MONTE CARLO AVE.
PINELLAS PARK FL 33781**

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.

(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

10. ADDITIONS/CHANGES

TITLE NAME Delete
MGR FISCHER, DEBRA L
STREET ADDRESS **6815 MONTE CARLO AVE.**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE NAME Change Addition
MGR FISCHER, DEBRA L
STREET ADDRESS **6815 MONTE CARLO AVE.**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE NAME Delete
MANAGER ROBERT W. DREW
STREET ADDRESS **6815 MONTE CARLO DRIVE**
CITY-ST-ZIP **PINELLAS PARK, FL. 33781**

TITLE NAME Change Addition
MANAGER ROBERT W. DREW
STREET ADDRESS **6815 MONTE CARLO DRIVE**
CITY-ST-ZIP **PINELLAS PARK, FL. 33781**

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
600004013406--0
-04/17/01--01070--007
*******50.00 *****50.00**

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
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: *Debra L. Fischer* **Debra L. Fischer**

Date **4/17/01**

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

Date

Daytime Phone #

CR2E083 (11/00)