

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 07, 2002 8:00 am
Secretary of State05-07-2002 90344 001 *****5.00
05-07-2002 90344 002 *****50.00**DOCUMENT # L00000005362**

1. Entity Name

DEIGNER ENTERPRISES, L.L.C.

Principal Place of Business

**1544 LEVERN ST.
CLEARWATER FL 33755**

Mailing Address

**1544 LEVERN ST.
CLEARWATER FL 33755**

2. Principal Place of Business

LEVERN ST

3. Mailing Address

LEVERN ST

Suite, Apt. #, etc.

1544

Suite, Apt. #, etc.

1544City & State
**CLEARWATER
FLORIDA**City & State
CLEARWATER, FLORIDAZip
33755Country
USAZip
33755Country
USA4. FEI Number
59-3655783

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

7. Name and Address of New Registered Agent

Name
FRIEDRICH DEIGNERStreet Address (P.O. Box Number is Not Acceptable)
1544 LEVERN STCity
CLEARWATER**FL**Zip Code
33755

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 **FRIEDRICH DEIGNER, PRESIDENT**

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

(NOTE: Registered Agent signature required when relocating)

DATE

Friedrich Deigner 21. APRIL 2002**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DEIGNER, FRIEDRICH
1544 LEVERN ST.
CLEARWATER FL 33755** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC
DEIGNER, SANDRA
1544 LEVERN ST.
CLEARWATER FL 33755** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TRES
DEIGNER, BRIGITTA
1544 LEVERN ST.
CLEARWATER FL 33755** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
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: FRIEDRICH DEIGNER, PRESIDENT **Friedrich Deigner 21. APRIL 2002 727 446 7846**

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

Date

Daytime Phone #

CR2E083 (9/01)