

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90100 001 \*\*\*\*\*5.00  
04-24-2003 90100 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.**

**1544**

**City & State**

**CLEARWATER, FLORIDA**

**City & State**

**CLEARWATER, FLORIDA**

**Zip**

**33755**

**Country**

**USA**

**Zip**

**33755**

**Country**

**USA**

**4. FEI Number 59-3655783**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**DEIGNER, FRIEDRICA  
1544 LEVERN ST.  
CLEARWATER FL 33755**

**7. Name and Address of New Registered Agent**

**Name FRIEDRICH DEIGNER**

**Street Address (P.O. Box Number is Not Acceptable)  
1544 LEVERN ST**

**City 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

**FRIEDRICH DEIGNER, PRESIDENT**

**Friedrich Deigner 21 APRIL 2003**

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**

**TITLE MGR**  
**NAME DEIGNER, FRIEDRICH**  
**STREET ADDRESS 1544 LEVERN ST.**  
**CITY-ST-ZIP CLEARWATER FL 33755**

☐ Delete

**TITLE SEC**  
**NAME DEIGNER, SANDRA**  
**STREET ADDRESS 1544 LEVERN ST.**  
**CITY-ST-ZIP CLEARWATER FL 33755**

☐ Delete

**TITLE TRES**  
**NAME DEIGNER, BRIGITTA**  
**STREET ADDRESS 1544 LEVERN ST.**  
**CITY-ST-ZIP CLEARWATER FL 33755**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**10. ADDITIONS / CHANGES**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**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 2003 727 446 7846**

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

Date

Daytime Phone #

CR2E083 (10/02)