

2001 UNIFORM BUSINESS REPORT (UBR)

0028421 AF

DOCUMENT # L00000005704

1. Entity Name
ERB SUPPLY, L.L.C.

FILED

01 MAR 21 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2129 LINWOOD DRIVE
SARASOTA FL 34232

Mailing Address

PO BOX 7995
SARASOTA FL 34278

2. Principal Place of Business

8151 Blaikie Court

Suite, Apt. #, etc.

3. Mailing Address

8151 Blaikie Court

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota, FL

Zip

34240

Country

USA

Zip

34240

Country

USA

4. FEI Number

65-1009436

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

ERB, SAMUEL S
2129 LINWOOD DRIVE
SARASOTA FL 34232

7. Name and Address of New Registered Agent

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

3/12/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME ERB, SAMUEL S.
STREET ADDRESS 2129 Linwood Drive
CITY-ST-ZIP Sarasota, FL 34232 ☐ Delete

TITLE MGR
NAME ERB, SARA ANN
STREET ADDRESS 2129 Linwood Drive
CITY-ST-ZIP Sarasota, FL 34232 ☐ Delete

TITLE MEMBER
NAME ERB, STACY R.
STREET ADDRESS 1709 Beechwood Cir, S.
CITY-ST-ZIP Tallahassee, FL 32301 ☐ Delete

TITLE MEMBER
NAME ERB, STEPHANIE L.
STREET ADDRESS 5401 Bentgrass Drive #114
CITY-ST-ZIP Sarasota, FL 34235 ☐ 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
700003909387-0
-03/26/01--01089--021
*****55.00 *****55.00

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:

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

3/12/01 (941) 343-1344

Date

Daytime Phone #

CR2E083 (11/00)