

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90188 027 \*\*\*\*\*50.00

0040249

**DOCUMENT # L00000005926**

1. Entity Name

**S & R ENTERPRISES, LLC**



Principal Place of Business

**8521 ALMERIA AVE.  
SARASOTA FL 34239**

Mailing Address

**P.O. BOX 2291  
SARASOTA FL 34230**

2. Principal Place of Business

**2180 MAIN ST.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**SARASOTA, FL**

City & State

Zip

**34237**

Country

**USA**

Country

4. FEI Number **65-1011003**

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

**SVIRSKY, STEPHEN B  
1820 BOYCE ST.  
SARASOTA FL 34239**

7. Name and Address of New Registered Agent

Name **SVIRSKY, STEPHEN B.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2180 MAIN ST.**  
**SARASOTA, FL 34237**  
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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **S** ☐ Delete  
NAME **SVIRSKY, ELIZABETH**  
STREET ADDRESS **1820 BOYCE ST.**  
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **VP** ☐ Delete  
NAME **FRANGIE, RAMSEY**  
STREET ADDRESS **3521 ARMERIA ST.**  
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME **SVIRSKY, ELIZABETH**  
STREET ADDRESS **2180 MAIN ST.**  
CITY-ST-ZIP **SARASOTA, FL 34237**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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:

**SIGNATURE REQUIRED**

**4/25/03**

**941-365-4007**

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

Date

Daytime Phone #

CR2E083 (10/02)