# **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L0000000 6260 1. Entity Name INSTALLATION DOCTORS LLC



### DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
5828 S.W. 49Th STRFET	5828 S.W. 49Th STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

FILED 03 JAN 30 AM 10: 04 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

		j				
City & State		City & State		4. FEI Number		Applied For
MIAMI .	FLORIDA	Miami Fi	LORIDA	65-10086	,41	Not Applicable
<sup>Zip</sup> 33155	Country	33155	Country	5. Certificate of Status Desired		\$5.00 Additional Fee Required
un entre constante de	nta creative control		-	7. Name and Address of Current R	Registere	d Agent
	DO NOT V	MOITE	Name HUB	SCH , ROBERT H.	J	R.

## DO NO! WKILE IN THIS SPACE

7. Name and Address of Current Registered Agent				
Name HUBSCH	ROBERT	Нι	JR.	
Street Address (P.O. Box Number is Not Acceptable)				

5828 S.W. 49Th STREET City UIAM!

8.	he 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 a	accept
	he obligations of registered agent.	

Robert H. Hußsch Jr. MGR

FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1

9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. HUBSCH, ROBERT H. JR 5828 S.W. 49Th STREET MIAN'I FL. 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY ST-ZIP	300011396893 .01/30/0301045010 ***10000
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE : 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.

### Installation Doctors LLC.

5828 S.W. 49th Street C.C. # 00BS00351 Miami, Florida, 33155 U.S.A.

Phone 305-801-5400 Fax 305-666-6149

January 27, 2003

DIVISION OF CORPORATIONS **REGISTRATION SECTION** PO BOX 6327 TALLAHASSEE FL 32314

#### TO WHOM IT MAY CONCERN,

MY NAME IS ROBERT HUBSCH JR. I DID NOT RECIVE MY UNIFORM BUSINESS REPORT FOR 2002. I CALLED THE DIVISION OF CORPORATIONS AND WAS TOLD TO WRITE A LETTER EXPLIANING THAT I DID NOT RECIVE A UNIFORM BUSINNESS REPORT FOR 2002, WHICH I AM DOING NOW. ALSO I WAS TOLD TO ENCLOSE A CHECK FOR \$100. \$50.00 FOR 2002 AND \$50.00 FOR 2003. I DOWN LOADED A UNIFORM BUSINESS REPORT FORM FROM YOUR WEB SITE WWW.SUNBIZ.ORG. AND FILLED IT OUT. THANK YOU FOR TAKING CARE OF THIS.

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2. 16.20 10.00

Sincerely,

ROBERT HUBSCH JR. @ INSTALLATION DOCTORS L.L.C.