

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90084 004 ****50.00

DOCUMENT # L00000006789

1. Entity Name
BREADBOX COMPUTER COMPANY, LLC



Principal Place of Business

14120 OLD DIXIE HWY
HUDSON FL 34667

Mailing Address

14120 OLD DIXIE HWY
HUDSON FL 34667

2. Principal Place of Business

9400 LAKE CHRISTINA LN

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 808

Suite, Apt. #, etc.

City & State

PORT RICHEY, FL

City & State

PORT RICHEY, FL

Zip

34668

Country

USA

Zip

34673

Country

USA

4. FEI Number 59-3651628

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

20013760



6. Name and Address of Current Registered Agent

FISCHER, FRANK S
14120 OLD DIXIE HWY
HUDSON FL 34667

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9400 LAKE CHRISTINA LN

City PORT RICHEY

FL

Zip Code

34668

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 P
NAME FISCHER, FRANK S
STREET ADDRESS 9400 LAKE CHRISTINA LANE
CITY-ST-ZIP PORT RICHEY FL 34668 ☐ Delete

TITLE V
NAME HOWARD, JOHN F
STREET ADDRESS 1360 LAKESIDE RD.
CITY-ST-ZIP VIRGINIA BEACH VA 23455 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS 1518 BLUEBONNET AVE
CITY-ST-ZIP MEDFORD, OR 97504 ☒ 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:

FRANK S. FISCHER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/14/03

727-862-9911

CR2E083 (10/02)