## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0000007011

1. Entity Name

DAVID N. SOWERBY, P.L.



## **FILED** Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90230 004 \*\*\*\*50.00

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Zip Country Zip Country 5. Certificate of Status Desired   S.5.00 Additional Fee Required Fee Re	City & State		City & State	City & State		<u> </u>			
SOWERBY, DAND N 2940 SOUTH 25TH STREET FT. PIERCE F1 34981-5605  8. The above named entity submits this statement for the purpose of changing its registered disco or registered agent, or born, in the State of Florida. Tam familiar with, and accept the objections or registered agent.  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or born, in the State of Florida. Tam familiar with, and accept the objections or registered agent.  9. FILL NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003  9. MANAGING MEMBERS MANAGERS 10. ADDITIONS/CHANGES  OTY-ST-2P  MGRM SOWERBY, DAVID N SUBTET ADDRESS OTY-ST-2P  TILE MAGE STRET ADDRESS OTY-ST-2P			,		4. FEI NUM	<sup>ber</sup> 65-101655	2	Applied For Not Applicable	
SOWERBY, DAVID N 2940 SOUTH 25TH STREET FT. PIERCE FL 34981-5605  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 sm familiar with, and accept the collegiations of registered agent and size if applicable.  **SIGNATURE**  **PROVE TRUE TRUE TRUE TRUE TRUE TRUE TRUE TRU	Zip	Country	Zip	Zip Country		5. Certificat	te of Status Desired		
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### City   FL   Zip Code  ### City   FL   Zi			لل المستقل المنافقة	<del></del> <u></u>	<u> </u>		وسورت والا		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept submit to obligations of registered agent.    SIGNATURE				Street Address (		P.O. Box Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept submit to obligations of registered agent.    SIGNATURE				.	0.11				
SIGNATURE   Grantum, hybrid or printed name of registered agent and tibe if application. (NOTE: Registered Agent signature frequend where reintaking)   DATE	0 Th				•				
Signature, Typed or prined name of registered append and libe if applicable.    FILE NOW!!! FEE IS \$50.00	the obligati	named entity submits this statement ions of registered agent.	for the purpose of changing it	ts registered	office or registere	ed agent, or bo	oth, in the State of Flo	rida. Fam familiar wit	th, and accept
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due Way 1, 2003  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES   MGRM   SOWERBY, DAVID N   1826 THUMB POINT DR. FT. PIERCE FL 34949   TITLE NAME STREET ADDRESS CITY-ST-2P   TITLE NAME STREET ADDRESS CITY-ST-2P	SIGNATURE _	Signature, typed or printed name of registered age	nt and title if applicable. {NO	OTE: Registered A	gent signature required	when reinstating)	n: .	DATE	<del></del>
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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 in the contract of the contract in th		and the state of t		4	II		-		

11 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