

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **00000008209**

1. Entity Name

CPA RETIREMENT NETWORK, L.L.C.

Principal Place of Business

**8810 GOODBY'S EXECUTIVE DRIVE, SUITE C
JACKSONVILLE FL 32217**

Mailing Address

**8810 GOODBY'S EXECUTIVE DRIVE, SUITE C
JACKSONVILLE FL 32217**

2. Principal Place of Business

One San Jose Place

Suite, Apt. #, etc.

Suite 29

City & State

Jacksonville, FL

Zip

32257

Country

USA

3. Mailing Address

One San Jose Place

Suite, Apt. #, etc.

Suite 29

City & State

Jacksonville, FL

Zip

32257

Country

USA

FILED
01 SEP 19 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3614625

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, KEITH H

**8810 GOODBY'S EXECUTIVE DRIVE, SUITE C
JACKSONVILLE FL 32217**

7. Name and Address of New Registered Agent

Name

William M. Traer, II

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

One San Jose Place

Suite 29

City

Jacksonville

FL

Zip

32257

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

William M. Traer, II

William M. Traer, II

9/14/01

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 Department of State
Due By September 26, 2001**

500004611435--6

-09/26/01--01012--009

*******50.00 *****50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TRAER, WILLIAM M III
8810 GOODBY'S EXECUTIVE DRIVE, SUITE C
JACKSONVILLE FL 32217**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Same
One San Jose Place Suite 29
Jacksonville, FL 32257**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE
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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: *William M. Traer, II*

SIGNATURE REQUIRED

William M. Traer, II

9/16/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER

0001244

CR2E083 (5/01)

STAPLE CHECK HERE