

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90183 016 ****50.00

DOCUMENT # L00000008209

1. Entity Name

CPA RETIREMENT NETWORK, L.L.C.

Principal Place of Business

**ONE SAN JOSE PLACE, STE. 29
 JACKSONVILLE FL 32297**

Mailing Address

**ONE SAN JOSE PLACE, STE. 29
 JACKSONVILLE FL 32297**

2. Principal Place of Business

8850 Goodby's Exec. Drive

Suite, Apt. #, etc.

Suite B

City & State

Jacksonville, FL

Zip

32217

Country

Duval

3. Mailing Address

8850 Goodby's Exec. Drive

Suite, Apt. #, etc.

Suite B

City & State

Jacksonville, FL

Zip

32217

Country

Duval



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

**TRAER, WILLIAM M III
 ONE SAN JOSE PLACE, STE. 29
 JACKSONVILLE FL 32297**

7. Name and Address of New Registered Agent

Name

William M. Traer III

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

8850 Goodby's Executive Drive

Suite B

City

Jacksonville

FL

Zip Code

32217

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/7/02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME **MGR TRAER, WILLIAM M III** ☐ Delete
 STREET ADDRESS **ONE SAN JOSE PLACE, STE. 29**
 CITY-ST-ZIP **JACKSONVILLE FL 32297**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME **mgr Traer, William M. III** ☒ Change ☐ Addition
 STREET ADDRESS **8850 Goodby's Executive Dr. Suite B**
 CITY-ST-ZIP **Jacksonville, FL 32217**

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

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
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 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]

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

2/7/02

Date

Daytime Phone #

CR2E083 (9/01)