

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # L00000008530****1. Entity Name**  
ERGOBAY, LLC

|                                                                                         |                                                                             |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>4335 79TH WAY NORTH<br><br>ST PETERSBURG FL 33709 | <b>Mailing Address</b><br>4335 79TH WAY NORTH<br><br>ST PETERSBURG FL 33709 |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|

|                                       |                                                     |
|---------------------------------------|-----------------------------------------------------|
| <b>2. Principal Place of Business</b> | <b>3. Mailing Address</b><br>1800 50TH AVENUE NORTH |
|---------------------------------------|-----------------------------------------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|                         |                                             |
|-------------------------|---------------------------------------------|
| <b>City &amp; State</b> | <b>City &amp; State</b><br>ST PETERSBURG FL |
|-------------------------|---------------------------------------------|

|            |                |            |                |
|------------|----------------|------------|----------------|
| <b>Zip</b> | <b>Country</b> | <b>Zip</b> | <b>Country</b> |
| 33709      |                | 33714      |                |

|                                    |                                                               |
|------------------------------------|---------------------------------------------------------------|
| <b>4. FEI Number</b><br>59-3659744 | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
|------------------------------------|---------------------------------------------------------------|

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**EVANS HOWARD  
1800 50TH AVENUE NORTH  
  
ST PETERSBURG FL 33714**7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

**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** \_\_\_\_\_ **04/26/2001**  
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****9. MANAGING MEMBERS / MEMBERS**

|                                                                            |                                 |
|----------------------------------------------------------------------------|---------------------------------|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Delete |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Delete |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Delete |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Delete |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Delete |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Delete |

**10. ADDITIONS / CHANGES**

|                                                                            |                                                                                    |                                                                              |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>MGRM</b><br>EVANS HOWARD M<br>1800 50TH AVENUE NORTH<br>ST. PETERSBURG FL 33714 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> 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:** Howard M. Evans **Mr.** **04/26/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)