

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

0028847

**DOCUMENT # L00000008698**

1. Entity Name

**HEADSPACE, LLC**

03-18-2002 90184 008 \*\*\*\*50.00

Principal Place of Business

**2305 MUSSELWHITE AVENUE  
 ORLANDO FL 32804**

Mailing Address

**P.O. BOX 530038  
 ORLANDO FL 32853-0038**

2. Principal Place of Business

**214 MADEIRA AVE**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**ORLANDO, FL**

City & State

Zip

**32825**

Country

**USA**

Zip

Country

4. FEI Number

**59-3660995**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SENGER, JETHRO  
 2305 MUSSELWHITE AVENUE  
 ORLANDO FL 32804**

7. Name and Address of New Registered Agent

Name **Jethro Senger**

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

**214 MADEIRA AVE**

City **ORLANDO**

**FL**

Zip Code

**32825**

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

**MANAGER - HEADSPACE-LLC**

**2/23/02**

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
 NAME **SENGER, JETHRO**  
 STREET ADDRESS **2305 MUSSELWHITE AVENUE**  
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
 NAME **Jethro Senger**  
 STREET ADDRESS **214 MADEIRA AVE.**  
 CITY-ST-ZIP **ORLANDO, FL 32825**

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 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:

**MANAGER**

**2/23/02**

**407-620-2389**

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

Date

Daytime Phone #

CR2E083 (9/01)