

# 2001 UNIFORM BUSINESS REPORT (UBR)

0015961 AF

DOCUMENT # L00000009648

1. Entity Name  
SOMETHING ESSENTIAL, LLC

FILED

01 APR -5 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
516 COMMODORE CIRCLE  
DELRAY BEACH FL 33483

Mailing Address  
516 COMMODORE CIRCLE  
DELRAY BEACH FL 33483



2. Principal Place of Business

3. Mailing Address

17211 QUEEN ANNE BRIDGE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

MITCHELLVILLE, MD

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

20710 USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ED BUSH & ASSOCIATES, P.A.  
479 SEABROOK ROAD  
TEQUESTA FL 33458

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

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

10. ADDITIONS/CHANGES

TITLE NAME BUSH, EDWARD J  
STREET ADDRESS 516 COMMODORE CIRCLE  
CITY-ST-ZIP DELRAY BEACH FL 33483  Delete

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME BIELSKI, PAULA E  
STREET ADDRESS 516 COMMODORE CIRCLE  
CITY-ST-ZIP DELRAY BEACH FL 33483  Delete

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

100004013951--0  
-04/17/01--01071--020  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11 MAR 01

Date

3013907442

Daytime Phone #

CR2E083 (11/00)