

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90252 046 *****50.00

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DOCUMENT # L00000010495

1. Entity Name
NATIONAL BACKGROUND DATA, LLC



Principal Place of Business

**303 SW 8TH ST.
OCALA FL 34474**

Mailing Address

**P.O. BOX 327
OCALA FL 34478-0327**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3668336**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CROSS, R.SCOTT
108 NORTH MAGNOLIA AVENUE, SUITE 101
OCALA FL 34475**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **CCEO** ☐ Delete
NAME **HOLLORAN, ROBERT**
STREET ADDRESS **5268 NW 78TH CT.**
CITY-ST-ZIP **OCALA FL 34482**

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

TITLE **P** ☐ Delete
NAME **BOLLINGER, WILLIAM**
STREET ADDRESS **16458 SE 27TH PLACE**
CITY-ST-ZIP **OCKLAHAWA FL 32179**

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

TITLE **V** ☒ Delete
NAME **GRUBB, JOHN**
STREET ADDRESS **2901 SW 41ST ST. #2409**
CITY-ST-ZIP **OCALA FL 34474**

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

TITLE **V/CFO** ☒ Delete
NAME **BORAIKO, GEORGE R**
STREET ADDRESS **2605 HERNDON STREET**
CITY-ST-ZIP **VALRICO FL 33594**

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

TITLE **V** ☒ Delete
NAME **HYLTON, RUFUS O JR.**
STREET ADDRESS **3430 NE 41ST PLACE**
CITY-ST-ZIP **OCALA FL 34479**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

Robert Holloran **ROBERT HOLLORAN** 4/23/03 352-629-9904

CR2E083 (10/02)