

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-02-2003 90587 024 ****50.00

DOCUMENT # L00000011936

1. Entity Name

HERMAN VENTURES, LC



Principal Place of Business

Mailing Address

**5101 DOVER STREET N.E.
ST. PETERSBURG FL 33703**

**PO BOX 14553
ST. PETERSBURG FL 33733**

44002407



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

1000 30th St. S.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

4. FEI Number **59-3673960**

Applied For

Not Applicable

Zip

33712

Country

USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**HERMAN, TED A
5101 DOVER STREET N.E.
ST. PETERSBURG FL 33703**

7. Name and Address of New Registered Agent

Name **TED A. HERMAN**
Street Address (P.O. Box Number is Not Acceptable)
1000 30th St. S.
City **St. Petersburg** FL Zip Code **33712**

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

TITLE **MGRM** ☐ Delete
NAME **HERMAN, TED A**
STREET ADDRESS **5101 DOVER STREET N.E.**
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

TITLE **MEM** ☐ Delete
NAME **HERMAN, JANE A**
STREET ADDRESS **5101 DOVER STREET N.E.**
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Change ☐ Addition
NAME **TED A. HERMAN**
STREET ADDRESS **1000 30th St. S.**
CITY-ST-ZIP **St. Petersburg, FL 33712**

TITLE **MGRM** ☐ Change ☐ Addition
NAME **JANE A. HERMAN**
STREET ADDRESS **1000 30th St. S.**
CITY-ST-ZIP **St. Petersburg, FL 33712**

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

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

TITLE ☐ Change ☐ Addition
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

Jane A. Herman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-30-03
Date

727-528-9058
Daytime Phone #

CR2E083 (10/02)