2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014021

1. Entity Name

UMBERGER ENTERPRISES, LLC _Bhan_

FILED

01 AUG 17 PM 12: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1625 SAN MARCO BLVD., SUITE 2 JACKSONVILLE, FL 32207	1625 SAN MARCO BLVD., SUITE 2 JACKSONVILLE FL 32207

2. Principal Place of Business
1854 River Road

3. Mailing Address
SAM

DO NOT WRITE IN THIS SPACE

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

City & State
JACKSONVILLE, FL

City & State

4. FEI Number
59-3681799

☐ Applied For
☐ Not Applicable

Zip 32207 | Country USA | Zip | Country

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**
F & L CORP. 200 LAURA STREET NORTH JACKSONVILLE FL 32202	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
Due By September 26, 2001

9. MANAGING MEMBERS / MANAGERS		**10.** ADDITIONS / CHANGES		
TITLE Co-Owner NAME Steve Umberger STREET ADDRESS 1854 River Road CITY-ST-ZIP Jacksonville, FL 32207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE Co-Owner NAME Kathryn Umberger STREET ADDRESS 1854 River Road CITY-ST-ZIP Jacksonville, FL 32207	☐ Delete	TITLE NAME 900004547569--7 STREET ADDRESS -09/21/01--01074--006 CITY-ST-ZIP *****50.00 *****50.00	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

CR2E083 (5/01)

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 REQUIRED_ Fert, President 8/14/01 205-458-8833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #