

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

0022310 AF

DOCUMENT # L00000014166

1. Entity Name
CIVIX HOLDINGS LLC

01 MAY -2 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2033 MAIN ST. #104
SARASOTA FL 34237

Mailing Address
2033 MAIN ST. #104
SARASOTA FL 34237



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

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

JACOBSON, SUE A
46 N. WASHINGTON BLVD. #1
SARASOTA FL 34236

Name Mary Kelly
Street Address (P.O. Box Number is Not Acceptable)
2033 Main St., Suite 104
City Sarasota FL Zip Code 34237

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 Mary L Kelly

3.21.01

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 Member ☐ Delete
NAME Rod Connelly
STREET ADDRESS 2033 Main St., Suite 104
CITY-ST-ZIP Sarasota, FL 34237

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

TITLE Member ☐ Delete
NAME Mary Kelly
STREET ADDRESS 2033 Main St., Suite 104
CITY-ST-ZIP SARASOTA, FL 34237

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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:

Mary L Kelly

4.27.01

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

Date

Daytime Phone #

CR2E083 (11/00)