

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014491

1. Entity Name

SEASIDE AUTO REPAIR LLC

FILED

01 JAN 25 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1246 HIGHWAY A1A
SATELLITE BEACH FL 32937

Mailing Address

1246 HIGHWAY A1A
SATELLITE BEACH FL 32937

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3683631

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

CHARLES GOLDBERG, MICHAEL
1510 S. ATLANTIC AVE., APT. B
COCOA BEACH FL 32931

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
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Partner
Roger Fillers
580 Parkside Ave
Merritt Island, FL 32953

☐ Change ☒ Addition

MGRM

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Partner
James Lochner
1061 Starfire St.
SE Palm Bay, FL 32909

☐ Change ☒ Addition

MGRM

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Partner
Michael Goldberg
1510 S. Atlantic Ave Apt. B
Cocoa Beach, FL 32931

☐ Change ☒ Addition

MGRM

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

200003601152-4
01/30/01-01040-020
*****50.00

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

1/10/01

Date

321 773-0123

Daytime Phone #

CR2E083 (11/00)