

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90262 044 \*\*\*\*50.00

**DOCUMENT # L00000015364**

1. Entity Name

**CIMIKA INVESTMENTS, LLC**

Principal Place of Business

**15350 AMBERLY DR.  
TAMPA FL 33647**

Mailing Address

**P.O. BOX 47334  
TAMPA FL 33647**

**905906**

2. Principal Place of Business

**15350 AMBERLY DR**

3. Mailing Address

Suite, Apt. #, etc.

**Suite 3114**

Suite, Apt. #, etc.

City & State

**TAMPA FL**

City & State

Zip  
**33647**

Country

Zip

Country

4. FEI Number **65-1057929**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SARSEN, CYNTHIA R  
3421 N. LAKEVIEW DRIVE  
TAMPA FL 33618**

7. Name and Address of New Registered Agent

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 May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **SARSEN, CYNTHIA**  
STREET ADDRESS **3421 N LAKEVIEW DR**  
CITY-ST-ZIP **TAMPA FL 33618**

TITLE **MGR** ☐ Delete  
NAME **JUDITH A. Reeves**  
STREET ADDRESS **15350 AMBERLY DR. Suite 3114**  
CITY-ST-ZIP **TAMPA FL 33647**

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 ☐ 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  
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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:

**JUDITH A. Reeves**

**Mgr 1-9-02 813-245-3890**

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

Date

Daytime Phone #

CR2E083 (9/01)